

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000070738

Entity Name: COMPCARE MEDICAL CENTER, LLC

Current Principal Place of Business:

4900 W OAKLAND PARK BLVD
309
LAUDERDALE LAKES, FL 33313

Current Mailing Address:

4900 W OAKLAND PARK BLVD
309
LAUDERDALE LAKES, FL 33313 US

FEI Number: 83-4004584

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, STEPHANIE C
1107 N 46TH TERRACE
HOLLYWOOD, FL 33021 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title PRESIDENT
Name BROWN, STEPHANIE C
Address 1107 N 46TH TERRACE
City-State-Zip: HOLLYWOOD FL 33021

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHANIE BROWN

PRESIDENT

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date