

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000070738

**Entity Name:** COMPCARE MEDICAL CENTER, LLC

**Current Principal Place of Business:**

2701 W OAKLAND PARK BLVD, STE 310 4/6  
OAKLAND PARK, FL 33311

**Current Mailing Address:**

2701 W OAKLAND PARK BLVD, STE 310 4/6  
OAKLAND PARK, FL 33311 US

**FEI Number: 83-4004584**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BROWN, STEPHANIE C  
1107 NORTH 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: STEPHANIE BROWN**

**03/29/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AUTHORIZED MEMBER  
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**

**REGISTERED AGENT**

**03/29/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date