

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000096561

**Entity Name:** SAFEGUARD RELIEF & CARE MEDICAL CENTER, LLC

**Current Principal Place of Business:**

13837 SHEFFIELD ST  
WELLINGTON, FL 33414

**Current Mailing Address:**

13837 SHEFFIELD ST  
WELLINGTON, FL 33414 US

**FEI Number: 82-4899463**

**Certificate of Status Desired: No**

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

JOSEPH, JOSSENER  
13837 SHEFFIELD ST  
WELLINGTON, FL 33414 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            CEO  
Name            JOSEPH, JOSSENER  
Address        PO BOX 210092  
City-State-Zip: ROYAL PALM BEACH FL 33414

*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: JOSSENER JOSEPH**

**CEO**

**02/03/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date