

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000146509

**Entity Name:** JCARE HEALTH CARE SERVICES LLC

**Current Principal Place of Business:**

8327 NORTHGATE DRIVE  
ORLANDO, FL 32818

**Current Mailing Address:**

8327 NORTHGATE DRIVE  
ORLANDO, FL 32818

**FEI Number: 84-3851589**

**Certificate of Status Desired: No**

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

ARISEN LLC  
1291 WINTER GARDEN VINELAND ROAD  
240  
WINTER GARDEN, FL 34787 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 MGR  
Name THOMPSON, JANICE E  
Address 8327 NORTHGATE DRIVE  
City-State-Zip: ORLANDO FL 32818

*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: JANICE THOMPSON** \_\_\_\_\_

**OWNER**

**01/28/2022**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date