

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000195183

**Entity Name:** BRANDON MEDICAL CARE, LLC

**Current Principal Place of Business:**

143 NORTH OAKWOOD AVE  
BRANDON, FL 33510

**Current Mailing Address:**

143 NORTH OAKWOOD AVE  
BRANDON, FL 33510 US

**FEI Number: 84-2643502**

**Certificate of Status Desired: Yes**

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

APEX FINANCIAL SOLUTIONS, LLC  
14499 N DALE MABRY HWY  
185  
TAMPA, FL 33618 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 MEHTA, SHITAL  
Address 2206 BRANCH HILL STREET  
City-State-Zip: TAMPA FL 33612

*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: SHITAL MEHTA**

**OWNER**

**03/25/2021**

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

\_\_\_\_\_  
Date