

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000276855

**Entity Name:** WELLCARE CLINICAL SERVICES LLC

**Current Principal Place of Business:**

4835 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

4835 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33021 US

**FEI Number: 84-3822408**

**Certificate of Status Desired: No**

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

LUNA, AURORA  
4835 HOLLYWOOD BLVD  
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:** AURORA LUNA

04/27/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name LUNA, AURORA  
Address 4835 HOLLYWOOD BLVD  
City-State-Zip: HOLLYWOOD FL 33021

Title AMBR  
Name FERNANDEZ, WIFREDO  
Address 4835 HOLLYWOOD BLVD  
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:** AURORA LUNA

**OWNER MANAGING  
MEMBER**

04/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date