

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000276855

**Entity Name:** WELLCARE CLINICAL SERVICES LLC

**Current Principal Place of Business:**

4835 HOLLYWOOD BLVD  
SUITE 4  
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

04/30/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

AMBR

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date