

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000276855

**Entity Name:** WELLCARE CLINICAL SERVICES LLC

**Current Principal Place of Business:**

5700 STIRLING RD  
SUITE 100  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

4701 PIERCE ST HOLLYWOOD  
HOLLYWOOD, FL 33021 US

**FEI Number: 84-3822408**

**Certificate of Status Desired:** No

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

LUNA, AURORA  
4701 PIERCE ST  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	LUNA, AURORA	Name	FERNANDEZ, WIFREDO
Address	4701 PIERCE ST HOLLYWOOD	Address	4701 PIERCE ST
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

01/15/2020

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

\_\_\_\_\_  
Date