

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000322814

**Entity Name:** TOP CARE HEALTH, LLC

**Current Principal Place of Business:**

2800 W OAKLAND PARK BLVD  
200  
OAKLAND PARK, FL 33311

**Current Mailing Address:**

2809 MIDDLE RIVER DRIVE  
1B  
FORT LAUDERDALE, FL 33311 US

**FEI Number:** 85-3495849

**Certificate of Status Desired:** No

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

TOOMER, GLENN K JR  
2809 MIDDLE RIVER DRIVE  
1B  
FORT LAUDERDALE, FL 33311 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  
Name            TOOMER, GLENN K JR  
Address        2800 W OAKLAND PARK BLVD  
                  200  
City-State-Zip: OAKLAND PARK FL 33311

*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:** GLENN K TOOMER

**PRESIDENT**

**01/31/2021**

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

\_\_\_\_\_  
Date