

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000383736

Entity Name: COMPASSIONATE CARE MANAGEMENT PLLC

Current Principal Place of Business:

4411 BEE RIDGE RD
SARASOTA, FL 34232

Current Mailing Address:

PO BOX 492
4411 BEE RIDGE RD
SARASOTA, FL 34232 US

FEI Number: 86-2091835

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD.
SUITE 36
ORLANDO, FL 32822 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	RONALD, DROZ	Name	EDELMAN, KIMBERLY
Address	PO BOX 492 4411 BEE RIDGE RD	Address	PO BOX 492 4411 BEE RIDGE RD
City-State-Zip:	SARASOTA FL 34232	City-State-Zip:	SARASOTA FL 34232

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: KIMBERLY EDELMAN

PRACTICE MANAGER

02/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date