

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000222782

Entity Name: MEDICARE ADVANTAGE CENTER LLC**Current Principal Place of Business:**32 SE 2ND AVE
APT 247
DELRAY BEACH, FL 33444**Current Mailing Address:**32 SE 2ND AVE
APT 247
DELRAY BEACH, FL 33444**FEI Number:** 87-0899265**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JAFFY, MAX A
32 SE 2ND AVE
APT 247
DELRAY BEACH, FL 33444 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 MGR
Name PARADISE, LESLEY A
Address 12118 COLONY PRESERVE DR
City-State-Zip: BOYTON BEACH FL 33436Title MANAGER
Name JAFFY, MAX A
Address 32 SE 2ND AVE
City-State-Zip: DELRAY BEACH FL 33444Title MANAGER
Name WELLINGTON, ZAHRA
Address 3600 CORAL SPRINGS DR
City-State-Zip: CORAL SPRINGS FL 33065Title MGR
Name JAFFY, TODD A
Address 1487 SOUTH FEDERAL HIGHWAY
City-State-Zip: BOYTON BEACH FL 33435Title MANAGER
Name BOCK, KARA HOLDING
Address 9053 BENEDETTA PLACE
City-State-Zip: BOCA RATON FL 33497

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: MAX JAFFY

MANAGER

03/09/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date