

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000315102

**Entity Name:** MAC HEALTH CARE LLC.

**Current Principal Place of Business:**

8201 PETERS RD  
SUITE 1000  
PLANTATION, FL 33324

**Current Mailing Address:**

4461 NW 4TH CT.  
PLANTATION, FL 33317

**FEI Number:** 87-1639456

**Certificate of Status Desired:** Yes

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

ZAMOR, NANCY  
4461 NW 4TH CT.  
PLANTATION, FL 33317 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 PMGR  
Name ZAMOR, NANCY  
Address 4461 NW 4TH CT.  
City-State-Zip: PLANTATION FL 33317

*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:** NANCY ZAMOR

**OWNER**

**03/30/2023**

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

\_\_\_\_\_  
Date