

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000447356

Entity Name: MED CARE INSTITUTE , LLC

Current Principal Place of Business:

816 SPRING LAKE SQUARE
WINTER HEAVEN, FL 33881

Current Mailing Address:

433 PEACE COURT
KISSIIMMEE, FL 34759

FEI Number: 93-4639902

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEAN LOUIS, EDULBET
1803 HUDSON COURT
KISSIMMEE, FL 34759 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 JEAN-LOUIS, SAGENIE
Address 433 PEACE COURT
City-State-Zip: KISSIMMEE FL 34759

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: SAGENIE JEAN-LOUIS

AMBR

03/16/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date