

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000003419

**Entity Name:** UNIONCARE, LLC

**Current Principal Place of Business:**

8403 COLESVILLE RD  
SILVER SPRING, MD 20910

**Current Mailing Address:**

8403 COLESVILLE RD  
SILVER SPRING, MD 20910 US

**FEI Number:** 52-1782580

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGER  
Name           HALE, BRIAN J.  
Address        8403 COLESVILLE RD  
City-State-Zip: SILVER SPRING MD 20910

Title           MANAGER  
Name           FRIED, ADAM M.  
Address        8403 COLESVILLE RD  
City-State-Zip: SILVER SPRING MD 20910

Title           MANAGER  
Name           SMITH, EDWARD M.  
Address        8403 COLESVILLE RD  
City-State-Zip: SILVER SPRING MD 20910

Title           MANAGER  
Name           GASQUE, DAMON  
Address        1625 EYE STREET, NW  
City-State-Zip: WASHINGTON DC 20006

Title           MANAGER  
Name           BARRA, DAVID  
Address        1625 EYE STREET, NW  
City-State-Zip: WASHINGTON DC 20006

Title           MANAGER  
Name           WHALEN, STEPHANIE  
Address        8403 COLESVILLE RD  
City-State-Zip: SILVER SPRING MD 20910

*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:** BRIAN J. HALE

**MANAGER**

**04/05/2019**

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

\_\_\_\_\_  
Date