

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000004840

Entity Name: MPLT HEALTHCARE, LLC**Current Principal Place of Business:**5810 CORAL RIDGE DRIVE STE 250
CORAL SPRINGS, FL 33076**Current Mailing Address:**5810 CORAL RIDGE DRIVE STE 250
CORAL SPRINGS, FL 33076 US**FEI Number:** 81-2886828**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT 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	VP, SECRETARY
Name	SCUTERO, VITO
Address	5810 CORAL RIDGE DRIVE STE 250
City-State-Zip:	CORAL SPRINGS FL 33076

Title	VP
Name	KATZ, HARRIS
Address	5810 CORAL RIDGE DRIVE STE 250
City-State-Zip:	CORAL SPRINGS FL 33076

Title	CEO, PRESIDENT
Name	MAYS, JAY
Address	5810 CORAL RIDGE DRIVE STE 250
City-State-Zip:	CORAL SPRINGS FL 33076

Title	VP
Name	BRADLEY, ROBERT
Address	5810 CORAL RIDGE DRIVE STE 250
City-State-Zip:	CORAL SPRINGS FL 33076

Title	VP
Name	WILHELM, MARCI
Address	5810 CORAL RIDGE DRIVE STE 250
City-State-Zip:	CORAL SPRINGS FL 33076

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: MAYS, JAY**PRESIDENT****01/21/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date