

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000004840

Entity Name: MPLT HEALTHCARE, LLC

Current Principal Place of Business:

3701 FAU BLVD
SUITE 300
BOCA RATON, FL 33431

Current Mailing Address:

3701 FAU BLVD
SUITE 300
BOCA RATON, FL 33431 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: JAY MAYS

CEO

01/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date