#### 2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000008322

Entity Name: WELLMED TAMPA/ORLANDO MEDICARE ACO, LLC

FILED
Apr 21, 2022
Secretary of State
9977560084CC

## **Current Principal Place of Business:**

8637 FREDERICKSBURG RD, STE 360 SAN ANTONIO. TX 78240

## **Current Mailing Address:**

8637 FREDERICKSBURG RD, STE 360 SAN ANTONIO, TX 78240 US

FEI Number: 84-2193803 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:

City-State-Zip:

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MANAGER Title MANAGER

Name SIERVO, , M.D. MARIO Name RODRIGUEZ, M.D. RAQUEL

Address 8637 FREDERICKSBURG RD, STE 360 Address 8637 FREDERICKSBURG RD, STE 360

City-State-Zip: SAN ANTONIO TX 78240 City-State-Zip: SAN ANTONIO TX 78240

Title MANAGER Title MANAGER

Name WEISSMAN, , M.D. MARK Name FORD, , M.D. MARK

Address 8637 FREDERICKSBURG RD, STE 360 Address 507 W ALEXANDER ST FL086-1000

City-State-Zip: SAN ANTONIO TX 78240

Title MANAGER

Title MANAGER

Name SRIVASTAVA, , VINJAY

Address 8637 FREDERICKSBURG RD, STE 360

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City-State-Zip: SAN ANTONIO TX 78240

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Title MANAGER

Title MANAGER

Name VIERIRA, LEONARDO Name GREUBEL, , DAVID

Address 8637 FREDERICKSBURG RD, STE 360

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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: ZIMMERMAN, , JOSEPH ANTHONY SECRETARY 04/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

SAN ANTONIO TX 78240

Date

# **Authorized Person(s) Detail Continued:**

Title SECRETARY

Name ZIMMERMAN,, JOSEPH ANTHONY
Address 8637 FREDERICKSBURG RD, STE 360

City-State-Zip: SAN ANTONIO TX 78240