2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000008322

Entity Name: WELLMED TAMPA/ORLANDO MEDICARE ACO, LLC

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:

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Electronic Signature of Registered Agent   Date

Authorized Person(s) Detail :

Title	MGR		Title	AP,S
Name	HERNANDEZ, CARLOS O		Name	ZUNIGA, CAROL
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	T		Title	MGR,AP,CEO
Name	GILL, PETER		Name	RAPIER III, GEORGE M
Address	9900 BREN ROAD EAST		Address	8637 FREDERICKSBURG RD, STE 360
City-State-Zip:	MINNETONKA MN 55343		City-State-Zip:	SAN ANTONIO TX 78240
Title	AP,P		Title	AP,VP
Name	GRUNDHOEFER, BRYAN D		Name	ZIMMERMAN, JOSEPH A
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

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: CAROL ZUNIGA   ACCOUNTING VP   03/18/2020

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Electronic Signature of Signing Authorized Person(s) Detail   Date