

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000008322

**Entity Name:** WELLMED FOUNDATION MEDICARE ACO, LLC**Current Principal Place of Business:**19500 IH 10 W  
SAN ANTONIO, TX 78257**Current Mailing Address:**19500 IH 10 W  
SAN ANTONIO, TX 78257 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name ABINALES, BENJAMIN  
Address 19500 IH 10 W  
City-State-Zip: SAN ANTONIO TX 78257

Title MANAGER  
Name FORD, MARK M.D.  
Address 19500 IH 10 W  
City-State-Zip: SAN ANTONIO TX 78257

Title MANAGER  
Name GREUBEL, DAVID  
Address 19500 IH 10 W  
City-State-Zip: SAN ANTONIO TX 78257

Title MANAGER  
Name RIVENBARK, JAMES  
Address 19500 IH 10 W  
City-State-Zip: SAN ANTONIO TX 78257

Title MANAGER  
Name RODRIGUEZ, RAQUEL M.D.  
Address 19500 IH 10 W  
City-State-Zip: SAN ANTONIO TX 78257

Title MANAGER  
Name SIERVO, MARIO M.D.  
Address 19500 IH 10 W  
City-State-Zip: SAN ANTONIO TX 78257

Title MANAGER  
Name SRIVASTAVA, VINJAY  
Address 19500 IH 10 W  
City-State-Zip: SAN ANTONIO TX 78257

Title MANAGER  
Name VIERIRA, LEONARDO  
Address 19500 IH 10 W  
City-State-Zip: SAN ANTONIO TX 78257

**Continues on page 2**

*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: JOSEPH ANTHONY ZIMMERMAN****SECRETARY****04/22/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

Title                   MANAGER  
Name                 WEISSMAN, MARK M.D.  
Address             19500 IH 10 W  
City-State-Zip:    SAN ANTONIO TX 78257

Title                   SECRETARY  
Name                 ZIMMERMAN, JOSEPH ANTHONY  
Address             19500 IH 10 W  
City-State-Zip:    SAN ANTONIO TX 78257