

2023 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, M.D. , MARK
Address 507 W. ALEXANDER ST,FL086-1000
City-State-Zip: PLANT CITY FL 33563

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

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

Title MANAGER
Name SIERVO, M.D. , MARIO
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

Title MANAGER
Name WEISSMAN, M.D., MARK
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

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

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