

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000008332

**Entity Name:** WELLMED FLORIDA 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:** 84-2233329

**Certificate of Status Desired:** No

**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	MGR	Title	MANAGER
Name	HERNANDEZ, M.D., CARLOS O	Name	GEORGE MCCARROLL RAPIER III, MD
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	SECRETARY
Name	BEGIA, BRUCE M.D.	Name	ZIMMERMAN, JOSEPH ANTHONY
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:** ZIMMERMAN , JOSEPH ANTHONY

**SECRETARY**

**04/27/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date