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

Electronic Signature of Signing Authorized Person(s) Detail

SECRETARY

RETARY

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

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
	Title Name	MANAGER BEGIA, BRUCE M.D.	Title Name	SECRETARY ZIMMERMAN, JOSEPH ANTHONY
	Name	BEGIA, BRUCE M.D. 8637 FREDERICKSBURG RD.	Name	ZIMMERMAN, JOSEPH ANTHONY 8637 FREDERICKSBURG RD.

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

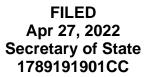
Current Mailing Address:

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

FEI Number: 84-2233329

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US



Date

Certificate of Status Desired: No

Date

04/27/2022