2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2021
Secretary of State
7165687639CC

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Entity Name: MMM OF FLORIDA HEALTHCARE MANAGEMENT, LLC

Current Principal Place of Business:

44 S BROADWAY 1ST FL
C/O INNOVACARE HEALTH, L.P.
WHITE PLAINS, NY 10601

Current Mailing Address:

44 S BROADWAY 1ST FL
C/O INNOVACARE HEALTH, L.P.
WHITE PLAINS, NY 10601 US

FEI Number: 85-2735352

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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	MANAGING MEMBER	Title	SECRETARY
Name	ICH FLOW-THROUGH, LLC	Name	KLAUSNER, PAUL J.
Address	44 S BROADWAY 1ST FL C/O INNOVACARE HEALTH, L.P.	Address	44 S BROADWAY 1ST FL C/O INNOVACARE HEALTH, L.P.
City-State-Zip:	WHITE PLAINS NY 10601	City-State-Zip:	WHITE PLAINS NY 10601
Title	VP	Title	COO
Name	MALTON, DOUGLAS	Name	MAZZORANA, TONY
Address	44 S BROADWAY 1ST FL C/O INNOVACARE HEALTH, L.P.	Address	44 S BROADWAY 1ST FL C/O INNOVACARE HEALTH, L.P.
City-State-Zip:	WHITE PLAINS NY 10601	City-State-Zip:	WHITE PLAINS NY 10601
Title	CFO	Title	PRESIDENT
Name	PANIAGUA, ARNIE	Name	SHUTZEN, RONALD
Address	44 S BROADWAY 1ST FL C/O INNOVACARE HEALTH, L.P.	Address	44 S BROADWAY 1ST FL C/O INNOVACARE HEALTH, L.P.
City-State-Zip:	WHITE PLAINS NY 10601	City-State-Zip:	WHITE PLAINS NY 10601

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: PAUL J. KLAUSNER SECRETARY 04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date