

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000010349

**Entity Name:** FLORIDA CARE PARTNERS WEST COAST, LLC

**Current Principal Place of Business:**

ONE PARK PLAZA  
NASHVILLE, TN 37203

**Current Mailing Address:**

P O BOX 750  
NASHVILLE, TN 37202 US

**FEI Number: 84-4973249**

**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 M  
Name FLORIDA CARE PARTNERS LLC  
Address ONE PARK PLAZA  
City-State-Zip: NASHVILLE TN 37203  
  
Title MGR  
Name CARLSON, TIM  
Address 1615 PASADENA AVE S., SUITE 430  
City-State-Zip: SOUTH PASADENA FL 33773

Title MGR  
Name SLADEK, ERIC  
Address 11373 CORTEZ BLVD  
City-State-Zip: BROOKSVILLE FL 34613  
  
Title MGR  
Name BAKER, PHIL  
Address 3031 N ROCKY POINT DR W STE 400  
City-State-Zip: TAMPA FL 33607

*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: PHIL BAKER**

**MGR**

**04/23/2024**

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

\_\_\_\_\_  
Date