

2021 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 SANCHEZ, BOB
Address 6400 SANGER ROAD
City-State-Zip: ORLANDO FL 32827

Title MGR
Name CARLSON, TIM
Address 1615 PASADENA AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33707

Title MGR
Name BURROUGHS, TIM
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: TIM BURROUGHS

MGR

04/14/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date