

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000002350

**Entity Name:** PROMEDICA SENIOR CARE MEDICAL SERVICES I, LLC

**Current Principal Place of Business:**

333 N SUMMIT ST  
TOLEDO, OH 43604

**Current Mailing Address:**

100 MADISON AVE  
TOLEDO, OH 43604 US

**FEI Number: 86-2223807**

**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	MEMBER	Title	SECRETARY
Name	HCR MANORCARE MEDICAL SERVICES OF FLORIDA, LLC	Name	RODGERS, DAMIAN
Address	333 N SUMMIT ST	Address	333 N SUMMIT ST
City-State-Zip:	TOLEDO OH 43604	City-State-Zip:	TOLEDO OH 43604

*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: DAMIAN RODGERS**

**SECRETARY**

**04/26/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date