

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052008

Entity Name: HEALTHCARE RESOURCE MANAGEMENT, LLC

Current Principal Place of Business:

3529 GULFSTREAM WAY
DAVIE, FL 33328

Current Mailing Address:

3529 GULFSTREAM WAY
DAVIE, FL 33328

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NORIEGA, RUDY
3529 GULFSTREAM WAY
DAVIE, FL 33328 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: RUDY NORIEGA

04/19/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name NORIEGA, RUDY J
Address 3529 GULFSTREAM WAY
City-State-Zip: DAVIE FL 33328

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: RUDY J. NORIEGA

MANAGING MEMBER

04/19/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date