2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051646

Entity Name: HEALTHCARE CAPITAL VENTURES, LLC

Current Principal Place of Business:

201 ALHAMBRA CIRCLE
 SUITE 702
CORAL GABLES, FL 33134

Current Mailing Address:

201 ALHAMBRA CIRCLE
 SUITE 702
CORAL GABLES, FL 33134 US

FEI Number: 20-2907791

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PADRON, CARLOS E
201 ALHAMBRA CIRCLE
 SUITE 702
CORAL GABLES, FL 33134 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	MGRM		Title	MGRM
Name	VILA, OSCAR J		Name	PADRON, CARLOS E
Address	201 ALHAMBRA CIRCLE SUITE 702		Address	201 ALHAMBRA CIRCLE SUITE 702
City-State-Zip:	CORAL GABLES FL 33134		City-State-Zip:	CORAL GABLES FL 33134
Title	MGRM		Title	MGRM
Name	MILIAN, EVARIST		Name	PLASENCIA, GUSTAVO
Address	201 ALHAMBRA CIRCLE SUITE 702		Address	201 ALHAMBRA CIRCLE SUITE 702
City-State-Zip:	CORAL GABLES FL 33134		City-State-Zip:	CORAL GABLES FL 33134
Title	MGRM			
Name	PLASENCIA, NESTOR			
Address	201 ALHAMBRA CIRCLE SUITE 702			
City-State-Zip:	CORAL GABLES FL 33134			

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: CARLOS E. PADRON   MGRM   04/18/2024

Electronic Signature of Signing Authorized Person(s) Detail   Date