

2014 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
Name VILA, OSCAR J
Address 201 ALHAMBRA CIRCLE
SUITE 702
City-State-Zip: CORAL GABLES FL 33134

Title MGRM
Name PADRON, CARLOS E
Address 201 ALHAMBRA CIRCLE
SUITE 702
City-State-Zip: CORAL GABLES FL 33134

Title MGRM
Name MILIAN, EVARIST
Address 201 ALHAMBRA CIRCLE
SUITE 702
City-State-Zip: CORAL GABLES FL 33134

Title MGRM
Name PLASENCIA, GUSTAVO
Address 201 ALHAMBRA CIRCLE
SUITE 702
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

MANAGER

01/14/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date