

**2023 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 PADRON**MANAGER****05/01/2023**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date