

2016 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 33134Title MGRM
Name PADRON, CARLOS E
Address 201 ALHAMBRA CIRCLE
SUITE 702
City-State-Zip: CORAL GABLES FL 33134Title MGRM
Name MILIAN, EVARIST
Address 201 ALHAMBRA CIRCLE
SUITE 702
City-State-Zip: CORAL GABLES FL 33134Title MGRM
Name PLASENCIA, GUSTAVO
Address 201 ALHAMBRA CIRCLE
SUITE 702
City-State-Zip: CORAL GABLES FL 33134Title 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: OSCAR J. VILA

MGRM

02/22/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date