

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000073595

**Entity Name:** HEALTHCARE EDUCATION CONSULTANTS, LLC

**Current Principal Place of Business:**

5537 SHELDON ROAD, SUITE A  
TAMPA, FL 33615

**Current Mailing Address:**

5537 SHELDON ROAD, SUITE A  
TAMPA, FL 33615

**FEI Number:** 20-5263626

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LASMAN, JEFFREY MESQ.  
C/O LASMAN LAW FIRM, P.A.  
6152 DELANCEY STATION STREET, SUITE 205  
RIVERVIEW, FL 33569 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 EFRE, ANDREA DR.  
Address 5537 SHELDON ROAD, SUITE A  
City-State-Zip: TAMPA FL 33615

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDREA EFRE

MGRM

04/12/2013

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date