

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000059658

**FILED**  
**Apr 16, 2014**  
**Secretary of State**  
**CC8534701596**

**Entity Name:** HEALTHCARE CONSULTANTS ALLIANCE LLC

**Current Principal Place of Business:**

390 PONDELLA ROAD, #9  
NORTH FORT MYERS, FL 33903

**Current Mailing Address:**

390 PONDELLA ROAD, #9  
NORTH FORT MYERS, FL 33903 US

**FEI Number:** 27-2830865

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 MGR  
Name BEUER, LARRY  
Address 390 PONDELLA ROAD, #9  
City-State-Zip: NORTH FORT MYERS FL 33903

Title MGR  
Name MURRAY, WENDY  
Address 390 PONDELLA ROAD, #9  
City-State-Zip: NORTH FORT MYERS FL 33903

Title S  
Name BEUER, LARRY  
Address 390 PONDELLA ROAD, #9  
City-State-Zip: NORTH FORT MYERS FL 33903

Title T  
Name MURRAY, WENDY  
Address 390 PONDELLA ROAD, #9  
City-State-Zip: NORTH FORT MYERS FL 33903

*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:** WENDY MURRAY

**OWNER**

**04/16/2014**

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

\_\_\_\_\_  
Date