

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000059658

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:

LARRY, BEUER C
390 PONDELLA ROAD
SUITE 9
NORTH FT MYERS, FL 33903 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: LARRY C BEUER

04/30/2020

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: LARRY BEUER

CEO

04/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date