

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000078195

Entity Name: HEALTH CARE FORMS, LLC

Current Principal Place of Business:

3111 W. DR MARTIN LUTHER KING JR BLVD.
STE. 100
TAMPA, FL 33607

Current Mailing Address:

111 ALABAMA AVE
COLUMBIANA, AL 35051 US

FEI Number: 86-1981779

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WOOD, JONATHAN
1227 N. FRANKLIN STREET
TAMPA, FL 33602 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: JONATHAN WOOD

02/11/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name WOOD, JONATHAN
Address 111 ALABAMA AVE
City-State-Zip: COLUMBIANA AL 35051

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: JONATHAN WOOD

MGRM

02/11/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date