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.

CFO

SIGNATURE: MARK A HART

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L11000145042

Entity Name: HART CLINICAL CONSULTANTS LLC

# **Current Principal Place of Business:**

234 ASTERBROOKE DR DELAND, FL 32724

## **Current Mailing Address:**

P O BOX 202 DELAND, FL 32721-0202 US

## FEI Number: 45-4140507

## Name and Address of Current Registered Agent:

HART, MARK A 234 ASTERBROOKE DR DELAND, FL 32724 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:	MARK A HART			02/27/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	PRESIDENT	Title	GENERAL MANAGER	
Name	HART, JAMES J	Name	HART, MARK A	
Address	234 ASTERBROOKE DR	Address	234 ASTERBROOKE DR	
City-State-Zip:	DELAND FL 32724	City-State-Zip:	DELAND FL 32724	

Certificate of Status Desired: No d Agent:

FILED Feb 27, 2023 Secretary of State 4682960265CC

> 02/27/2023 Date

# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT