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

FEI Number: 45-4140507

Name and Address of Current Registered Agent:

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

HART, MARK A 234 ASTERBROOKE DR DELAND, FL 32724 US

SIGNATURE:	MARK A HART			01/13/2021
	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	

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.

P O BOX 202

DELAND, FL 32724

Current Mailing Address:

DELAND, FL 32721-0202 US

Current Principal Place of Business: 234 ASTERBROOKE DR

DOCUMENT# L11000145042 Entity Name: HART CLINICAL CONSULTANTS LLC

FILED Jan 13, 2021 Secretary of State 3062513030CC

Certificate of Status Desired: Yes

01/13/2021 Date