

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000082415

**Entity Name:** DR. HEALY, LLC

**Current Principal Place of Business:**

2901 W SWANN AVENUE  
DEPARTMENT OF EMERGENCY MEDICINE  
TAMPA, FL 33609

**Current Mailing Address:**

2901 W SWANN AVENUE  
DEPARTMENT OF EMERGENCY MEDICINE  
TAMPA, FL 33609 US

**FEI Number:** 46-2954451

**Certificate of Status Desired:** No

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

O'CONNOR LAW FIRM  
2240 BELLEAIR ROAD  
SUITE 115  
CLEARWATER, FL 33764 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:** NICHOLAS N. HEALY

01/16/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HEALY, NICHOLAS N  
Address 2901 W SWANN AVENUE  
DEPARTMENT OF EMERGENCY  
MEDICINE  
City-State-Zip: TAMPA FL 33609

*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:** NICHOLAS N HEALY

MANAGER

01/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date