

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000129137

**Entity Name:** HEALTHCARE PARTNERS & ASSOCIATES, LLC

**Current Principal Place of Business:**

760 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

760 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**FEI Number:** 46-4229020

**Certificate of Status Desired:** No

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

CONIFF, BERNARD P  
760 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MUINA, ANGEL V  
Address 760 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name LEVY, RAYMOND A  
Address 9780 E INDIGO ST - STE 204  
City-State-Zip: PALMETTO BAY FL 33157

Title MGR  
Name BRACERAS, ELIZABETH  
Address 760 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134

*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:** ANGEL MUINA

MGRM

02/21/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date