

2017 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 V. MUINA

MGRM

04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date