| 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: FRANK RICCI | MGR | 01/26/2022 |
|------------------------|-----|------------|
|------------------------|-----|------------|

Electronic Signature of Signing Authorized Person(s) Detail

RICCL FRANK

RICCI, FRANK 502 DARCEY DRIVE WINTER PARK, FL 32792 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: | FRANK RICCI |
|------------|-------------|
| | |

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

TitleMGRNameRICCI, FRANKAddress502 DARCEY DRIVECity-State-Zip:WINTER PARK FL 32792

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000141585

Entity Name: HEALTHCARE REALTY & DEVELOPMENT SERVICES LLC

Current Principal Place of Business:

502 DARCEY DRIVE WINTER PARK, FL 32792

Current Mailing Address:

300 N. NEW YORK AVENUE PO BOX 2802 WINTER PARK, FL 32789 US

FEI Number: 46-3927747

Name and Address of Current Registered Agent:

01/26/2022

Date

FILED Jan 26, 2022 Secretary of State 7086826421CC

Certificate of Status Desired: No

Date