

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000158005

Entity Name: HUMAN RESOURCE ASSOCIATES, LLC**Current Principal Place of Business:**3250 MARY STREET
#400
COCONUT GROVE, FL 33133**Current Mailing Address:**3250 MARY STREET
#400
COCONUT GROVE, FL 33133 US**FEI Number:** 46-4248503**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FUSTER, ALEXANDER
3250 MARY STREET
#400
COCONUT GROVE, FL 33133 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:** ALEXANDER FUSTER

04/23/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name HEALTHSUN HOLDINGS, LLC
Address 3250 MARY STREET
#400
City-State-Zip: COCONUT GROVE FL 33133

Title MGR
Name ALVAREZ, CLAUDIO
Address 3250 MARY STREET
#400
City-State-Zip: COCONUT GROVE FL 33133

Title MGR
Name FUSTER, ALEXANDER
Address 3250 MARY STREET
#400
City-State-Zip: COCONUT GROVE FL 33133

Title MGR
Name CORONA, RAMON
Address 3250 MARY STREET
#400
City-State-Zip: COCONUT GROVE FL 33133

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Title MGR
Name CORONA, RAMON
Address 3250 MARY STREET
#400
City-State-Zip: COCONUT GROVE FL 33133

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: GALE LAM

C.O.O.

04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date