

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000159166

Entity Name: HOSPITAL ASSOCIATES, LLC

Current Principal Place of Business:

3079 TWINLEAF AVENUE
DELTONA, FL 32725

Current Mailing Address:

3079 TWINLEAF AVENUE
DELTONA, FL 32725

FEI Number: 90-1027750

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOTWANI, PRAKASH
3079 TWINLEAF AVENUE
DELTONA, FL 32725 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 MOTWANI, PRAKASH
Address 3079 TWINLEAF AVENUE
City-State-Zip: DELTONA FL 32725

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: PRAKASH N/A MOTWANI

MGR

03/31/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date