

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000117041

Entity Name: HEALTH CARE INDUSTRIES PLUS LLC

Current Principal Place of Business:

1710 N HERCULES AVE
CLEARWATER, FL 33765

Current Mailing Address:

35246 US HWY 19 NORTH
SUITE 289
PALM HARBOR, FL 34684 US

FEI Number: 47-1424646

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WAIN, GARY
35246 US HWY 19 NORTH
SUITE 289
PALM HARBOR, FL 34684 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 MGR
Name WAIN, GARY
Address 35246 US HWY 19 NORTH
SUITE 289
City-State-Zip: PALM HARBOR FL 34684

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: GARY WAIN

MEMBER

03/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date