

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000001696

**Entity Name:** HEALTH COMPASS CONSULTING LLC

**Current Principal Place of Business:**

1216 EASTIN AVE  
ORLANDO, FLORIDA (FL) 32804

**Current Mailing Address:**

1216 EASTIN AVE  
ORLANDO, FLORIDA (FL) 32804 UN

**FEI Number:** 81-0944693

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PYLE, DONOVAN  
1216 EASTIN AVE  
ORLANDO, FL 32804 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           | AR                         | Title           | AR                         |
| Name            | PYLE, DONOVAN              | Name            | PYLE, DONOVAN              |
| Address         | 1216 EASTIN AVE            | Address         | 1216 EASTIN AVE            |
| City-State-Zip: | ORLANDO FLORIDA (FL) 32804 | City-State-Zip: | ORLANDO FLORIDA (FL) 32804 |

*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:** DONOVAN PYLE

CEO

04/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date