

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000107489

Entity Name: HP HEALTHEDGE III LLC**Current Principal Place of Business:**5550 W EXECUTIVE DRIVE
SUITE 550
TAMPA, FL 33609**Current Mailing Address:**5550 W EXECUTIVE DRIVE
SUITE 550
TAMPA, FL 33609 US**FEI Number:** 81-2840493**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARROD, CHADWICK W
5550 W EXECUTIVE DRIVE
SUITE 550
TAMPA, FL 33609 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 HARROD DEVELOPMENT INC
Address 5550 W EXECUTIVE DRIVE
SUITE 550
City-State-Zip: TAMPA FL 33609

Title AR
Name HARROD, GARY
Address 5550 W EXECUTIVE DRIVE
SUITE 550
City-State-Zip: TAMPA FL 33609

Title AR
Name HARROD, CHADWICK W
Address 5550 W EXECUTIVE DRIVE
SUITE 550
City-State-Zip: TAMPA FL 33609

Title AR
Name WEBSTER, ROBERT
Address 5550 W EXECUTIVE DRIVE
SUITE 550
City-State-Zip: TAMPA FL 33609

Title AR
Name BENNETT, PATTI
Address 5550 W EXECUTIVE DRIVE
SUITE 550
City-State-Zip: TAMPA FL 33609

Title AR
Name KELLEY, JAY
Address 5550 W EXECUTIVE DRIVE
SUITE 550
City-State-Zip: TAMPA FL 33609

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 HARROD**AUTHORIZED
REPRESENTATIVE****03/31/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date