

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000197558

**Entity Name:** FLORIDA HEALTH SCIENCE CONSULTING LLC

**Current Principal Place of Business:**

2507 CALLAWAY ROAD  
SUITE 205  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

PO BOX 14824  
TALLAHASSEE, FL 32317 US

**FEI Number:** 81-4220421

**Certificate of Status Desired:** No

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

WASHINGTON, COLETTE  
9908 BEAVER RIDGE TRAIL  
TALLAHASSEE, FL 32312 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 WASHINGTON, COLETTE  
Address 9908 BEAVER RIDGE TRAIL  
City-State-Zip: TALLAHASSEE FL 32312

*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:** COLETTE WASHINGTON

**OWNER**

**01/29/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date