## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000197666

Entity Name: HEALTHCARE BRIDGE FUND, LLC

**Current Principal Place of Business:** 

1395 BRICKELL AVE.

MIAMI, FL 33131

STE. 800

**Current Mailing Address:** 

1395 BRICKELL AVE.

STE. 800

MIAMI, FL 33131 US

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALMON LEGAL GROUP, P.L. 1395 BRICKELL AVE. STE. 800 MIAMI, FL 33131 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

**FILED** May 01, 2017

**Secretary of State** 

CC8774943052

## Authorized Person(s) Detail:

Title MGR

BERNSTEIN, BRIAN H Name 1395 BRICKELL AVE. Address

STE. 800

SIGNATURE: BRIAN H. BERNSTEIN

City-State-Zip: MIAMI FL 33131

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.

Electronic Signature of Signing Authorized Person(s) Detail

**MGR** 

05/01/2017

Date