

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000197666

**Entity Name:** HEALTHCARE BRIDGE FUND, LLC

**Current Principal Place of Business:**

1395 BRICKELL AVE.  
STE. 800  
MIAMI, FL 33131

**FILED**  
**May 01, 2023**  
**Secretary of State**  
**1959669517CC**

**Current Mailing Address:**

1395 BRICKELL AVE.  
STE. 800  
MIAMI, FL 33131 US

**FEI Number: NOT APPLICABLE**

**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: DAVID H SALMON**

**05/01/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HARRIS BERNSTEIN PARTNERS, LLC  
Address 1395 BRICKELL AVE.  
STE. 800  
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.*

**SIGNATURE: BRIAN H BERNSTEIN**

**MGR**

**05/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date