

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000216199

**Entity Name:** HEALTHCARE PROFESSIONAL LIABILITY SPECIALISTS, LLC

**Current Principal Place of Business:**

260 1ST AVENUE SOUTH  
SUITE 200-36  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

260 1ST AVENUE SOUTH  
SUITE 200-36  
ST. PETERSBURG, FL 33701 US

**FEI Number:** 82-3139815

**Certificate of Status Desired:** No

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

HPLS HOLDINGS, LLC  
260 1ST AVENUE SOUTH  
SUITE 200-36  
ST. PETERSBURG, FL 33701 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:** BRIAN MENENDEZ

02/07/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           HPLS HOLDINGS, LLC  
Address        260 1ST AVENUE SOUTH  
                  200-36  
City-State-Zip: ST. PETERSBURG FL 33701

*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 MENENDEZ

MANAGER

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date