

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000111039

Entity Name: HEALTHCARE PROFESSIONAL ASSOCIATION, LLC

Current Principal Place of Business:

3567 MOON BAY CIRCLE
WELLINGTON, FL 33414

Current Mailing Address:

3567 MOON BAY CIRCLE
WELLINGTON, FL 33414 US

FEI Number: 30-1105843

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SABER, SEAN
3567 MOON BAY CIRCLE
WELLINGTON, FL 33414 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	Title	MGR
Name	HABER, SEAN	Name	CUNNINGHAM, ANDREW
Address	3567 MOON BAY CIRCLE	Address	2933 LAKEWOOD POINTE DRIVE
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	ORLANDO FL 32817

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: SEAN HABER

MANAGER

03/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date