

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000111039

Entity Name: HEALTHCARE PROFESSIONAL ASSOCIATION, LLC

Current Principal Place of Business:

8461 LAKE WORTH ROAD
STE 414
LAKE WORTH, FL 33467

Current Mailing Address:

8461 LAKE WORTH ROAD
STE 414
LAKE WORTH, FL 33467 US

FEI Number: 30-1105843

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SABER, SEAN
8461 LAKE WORTH ROAD
STE 414
LAKE WORTH, FL 33467 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 HABER, SEAN
Address 8461 LAKE WORTH ROAD
STE 414
City-State-Zip: LAKE WORTH FL 33467

Title MGR
Name CUNNINGHAM, ANDREW
Address 2933 LAKEWOOD POINTE DRIVE
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

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date