

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000111039

Entity Name: HEALTHCARE PROFESSIONAL ASSOCIATION, LLC

Current Principal Place of Business:

260 1ST AVE SOUTH
SUITE 200-36
SAINT PETERSBURG, 33701

Current Mailing Address:

260 1ST AVE SOUTH
SUITE 200-36
SAINT PETERSBURG, 33701 UN

FEI Number: 30-1105843

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEALTHCARE PROFESSIONAL LIABILITY SPECIALI
260 1ST AVE SOUTH
200-36
SAINT 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HEALTHCARE PROFESSIONAL
LIABILITY SPECIALI
Address 260 1ST AVE SOUTH
City-State-Zip: SAINT 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