

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000018614

**Entity Name:** HEALTHCARE TRAINING, LLC

**Current Principal Place of Business:**

1317 EDGEWATER DR #1526  
ORLANDO, FL 32804

**Current Mailing Address:**

1317 EDGEWATER DR #1526  
ORLANDO, FL 32804 US

**FEI Number:** 83-3270785

**Certificate of Status Desired:** No

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

VIBHAKAR, MAYUR  
1317 EDGEWATER DR #1526  
ORLANDO, FL 32804 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 CEO  
Name VIBHAKAR, MAYUR  
Address 1317 EDGEWATER DR #1526  
City-State-Zip: ORLANDO FL 32804

*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:** MAYUR VIBHAKAR

CEO

04/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date