

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000239503

**Entity Name:** HEALTH CARE ADVISORS GROUP LLC

**Current Principal Place of Business:**

1300 NW 84 AVE  
DORAL, FL 33126

**Current Mailing Address:**

1300 NW 84 AVE  
DORAL, FL 33126

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

JAEN, JORGE  
1300 NW 84 AVE  
DORAL, FL 33126 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            AMBR  
Name            JAEN, JORGE  
Address        1300 NW 84 AVE  
City-State-Zip: DORAL FL 33126

*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:** JORGE JAEN

MGR

05/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date