

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000303073

**Entity Name:** GO HEALTHCARE IT CONSULTING, LLC

**Current Principal Place of Business:**

10410 SOUTH OCEAN DRIVE, STE 907  
JENSEN BEACH, FL 34957

**Current Mailing Address:**

10410 SOUTH OCEAN DRIVE, STE 907  
JENSEN BEACH, FL 34957 US

**FEI Number: 84-3041266**

**Certificate of Status Desired: No**

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

HOMSI LAW P.A.  
8815 CONROY-WINDERMERE ROAD, 402  
ORLANDO, FL 32835 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	OPMG	Title	SECT
Name	OLIVER, GINA	Name	OLIVER, GINA
Address	10410 SOUTH OCEAN DRIVE, STE 907	Address	10410 SOUTH OCEAN DRIVE, STE 907
City-State-Zip:	JENSEN BEACH FL 34957	City-State-Zip:	JENSEN BEACH FL 34957

*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: GINA OLIVER**

**OPERATING MANAGER**

**06/29/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date