

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000454942

Entity Name: HEALTHCARE ALIGNMENT SOLUTIONS LLC

Current Principal Place of Business:

692 SANCTUARY GOLF PL
APOPKA, FL 32712

Current Mailing Address:

692 SANCTUARY GOLF PL
APOPKA, FL 32712

FEI Number: 32-0228087

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOCERI, CARMELO J
692 SANCTUARY GOLF PL
APOPKA, FL 32712 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 MOCERI, CARMELO J
Address 692 SANCTUARY GOLF PL
City-State-Zip: APOPKA FL 32712

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: CARMELO J. MOCERI

MANAGER

02/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date