

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000006972

**Entity Name:** HEALTHCARE VERTICAL GROUP LLC

**Current Principal Place of Business:**

14201 W. SUNRISE BLVD.  
#207  
SUNRISE, FL 33323

**Current Mailing Address:**

14201 W. SUNRISE BLVD.  
#207  
SUNRISE, FL 33323 US

**FEI Number:** 84-1907938

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD F  
PLANTATION, FL 33324 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 VERSOSKY, WILLIAM  
Address 2 S. UNIVERSITY DRIVE, SUITE:300  
City-State-Zip: PLANTATION FL 33324

*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:** WILLIAM VERSOSKY

MANAGER

03/02/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date