

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000002053

Entity Name: HEALTHCARE PROFESSIONAL LONG TERM CARE RISK
RETENTION GROUP, INC.**Current Principal Place of Business:**525 N. TRYON STREET, SUITE 1600
CHARLOTTE, NC 28202**Current Mailing Address:**1605 MAIN STREET, SUITE 800
SARASOTA, FL 34236 US**FEI Number: 86-1797883****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FLORIDA CHIEF FINANCIAL OFFICER
FLOIR, 200 E GAINES ST
TALLAHASSEE, FL 32399 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

Officer/Director Detail :

Title	DIRECTOR
Name	FARRELL, JAMES
Address	10135 KINGSBRIDGE AVE
City-State-Zip:	TAMPA FL 33626
Title	PRESIDENT, DIRECTOR
Name	MENENDEZ, BRIAN
Address	3986 14 LN NE
City-State-Zip:	ST PETERSBURG FL 33703
Title	'SECRETARY
Name	TETER, CHRIS
Address	4106 WEST SAN RAFAEL ST
City-State-Zip:	TAMPA FL 33629

Title	DIRECTOR
Name	HICKS, KEVIN
Address	1130 WINDSOR DR
City-State-Zip:	WILMINGTON DE 28403
Title	TREASURER
Name	WINCH, TROY GROUP
Address	1605 MAIN STREET SUITE 800
City-State-Zip:	SARASOTA FL 34236

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: B. TROY WINCH**TREASURER****04/17/2024**

Electronic Signature of Signing Officer/Director Detail

Date