

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000002053

**Entity Name:** HEALTHCARE PROFESSIONAL LONG TERM CARE RISK  
RETENTION GROUP, INC.**Current Principal Place of Business:**54 SEVA LANE  
WAYNESVILLE, NC 28786**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 33626Title DIRECTOR  
Name HICKS, KEVIN  
Address 1130 WINDSOR DR  
City-State-Zip: WILMINGTON DE 28403Title PRESIDENT, DIRECTOR  
Name MENENDEZ, BRIAN  
Address 3986 14 LN NE  
City-State-Zip: ST PETERSBURG FL 33703Title TREASURER  
Name WINCH, TROY GROUP  
Address 1605 MAIN STREET  
SUITE 800  
City-State-Zip: SARASOTA FL 34236Title 'SECRETARY  
Name TETER, CHRIS  
Address 4106 WEST SAN RAFAEL ST  
City-State-Zip: TAMPA FL 33629

*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: TROY WINCH****TREASURER****04/11/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date