

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90187 028 ****50.00

DOCUMENT # L 0 2 0 0 0 0 1 9 3 7 5

1. Entity Name

HARBOR HEALTHCARE CONSULTANTS, LLC

DO NOT WRITE IN THIS SPACE

20066961

2. Principal Place of Business
ONE OAKWOOD BLVD SUITE 250

Suite, Apt. #, etc.
SUITE 250

City & State
HOLLYWOOD, FL

Zip
33020

Country

3. Mailing Address
ONE OAKWOOD BLVD SUITE 250

Suite, Apt. #, etc.
SUITE 250

City & State
HOLLYWOOD, FL

Zip
33020

Country

4. FEI Number
30-0097831

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
MICHAEL ROSENBERG

Street Address (P.O. Box Number is Not Acceptable)
ONE OAKWOOD BLVD SUITE 250

City
HOLLYWOOD, FL

FL

Zip Code
33020

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IN THIS SPACE

8. 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, I am familiar with, and accept the obligations of registered agent.

SIGNATURE

MICHAEL ROSENBERG - MEMBER

8/5/2005

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
MICHAEL ROSENBERG
1320 NE 172ND STREET
NORTH MIAMI BEACH, FL 33162

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

MICHAEL ROSENBERG - MEMBER

8/5/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B 12/021