2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2025
Secretary of State
2411122855CC

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Entity Name: HEALTHCARE CREATIONS, LLC

Current Principal Place of Business:

4115 WEST SPRUCE STREET
SUITE 201
TAMPA, FL 33607

Current Mailing Address:

4115 WEST SPRUCE STREET
SUITE 201
TAMPA, FL 33607 US

FEI Number: 01-0869907

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUTIERREZ, SERGIO DR.
4115 WEST SPRUCE STREET
SUITE 201
TAMPA, FL 33607 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: SERGIO GUTIERREZ 04/23/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	FRANKLE, MARK A. DR.	Name	GASSER, SETH I. DR.
Address	4115 WEST SPRUCE STREET SUITE 201	Address	4115 WEST SPRUCE STREET SUITE 201
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607
Title	MANAGER, DIRECTOR	Title	MANAGER, CEO
Name	PUPELLO, DEREK R.	Name	GUTIERREZ, SERGIO DR.
Address	4115 WEST SPRUCE STREET SUITE 201	Address	4115 WEST SPRUCE STREET SUITE 201
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607
Title	MANAGER	Title	MANAGER
Name	SANDERS, ROY W. DR.	Name	ANDERSON, MARLIN A.
Address	4115 WEST SPRUCE STREET SUITE 201	Address	4115 WEST SPRUCE STREET SUITE 201
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607

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: SERGIO GUTIERREZ MANAGER 04/23/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date