## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063073

Entity Name: HEALTHCARE CREATIONS, LLC

**Current Principal Place of Business:** 

5007 W. SAN JOSE ST. TAMPA, FL 33629

**Current Mailing Address:** 

5007 W. SAN JOSE ST. TAMPA, FL 33629

FEI Number: 01-0869907 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ANDERSON, JOYCE B 5007 W. SAN JOSE ST. TAMPA, FL 33629 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 Title MGR

Name FRANKLE, MARK A Name GASSER, SETH I

Address 13020 TELECOM PARKWAY N Address 13020 TELECOM PARKWAY N

City-State-Zip: TAMPA FL 33637 City-State-Zip: TAMPA FL 33637

Title MGRM Title MGRM

Name ANDERSON, JOYCE B Name PUPELLO, DEREK

Address 5007 W. SAN JOSE ST. Address 13020 TELECOM PARKWAY N

City-State-Zip: TAMPA FL 33629 City-State-Zip: TAMPA 33637

Title MGRM

Name GUTIERREZ, SERGIO

Address 13020 TELECOM PARKWAY N

City-State-Zip: TAMPA FL 33637

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: JOYCE ANDERSON

REGISTERED AGENT

03/16/2016

FILED Mar 16, 2016

**Secretary of State** 

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