

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000063073

**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

04/29/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name FRANKLE, MARK A. DR.  
Address 4115 WEST SPRUCE STREET  
SUITE 201  
City-State-Zip: TAMPA FL 33607

Title MANAGER  
Name GASSER, SETH I. DR.  
Address 4115 WEST SPRUCE STREET  
SUITE 201  
City-State-Zip: TAMPA FL 33607

Title MANAGER, DIRECTOR  
Name PUPELLO, DEREK R.  
Address 4115 WEST SPRUCE STREET  
SUITE 201  
City-State-Zip: TAMPA FL 33607

Title MANAGER, CEO  
Name GUTIERREZ, SERGIO DR.  
Address 4115 WEST SPRUCE STREET  
SUITE 201  
City-State-Zip: TAMPA FL 33607

Title MANAGER  
Name SANDERS, ROY W. DR.  
Address 4115 WEST SPRUCE STREET  
SUITE 201  
City-State-Zip: TAMPA FL 33607

Title MANAGER  
Name ANDERSON, MARLIN A.  
Address 4115 WEST SPRUCE STREET  
SUITE 201  
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

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date