

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000022901

Entity Name: HEALTHCARE RISK MANAGEMENT LLC

Current Principal Place of Business:

24514 NW 78 AVE
ALACHUA, FL 32615

Current Mailing Address:

24514 NW 78 AVE
ALACHUA, FL 32615

FEI Number: 26-1313143

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, RODERICK F
24514 NW 78 AVE
ALACHUA, FL 32615 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
Name GONZALEZ, RODERICK F
Address 24514 NW 78 AVE
City-State-Zip: ALACHUA FL 32615

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: RODERICK F GONZALEZ

MANAGER

02/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date