

2025 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000022901

Entity Name: HEALTHCARE RISK MANAGEMENT LLC

Current Principal Place of Business:

16425 NW 32ND AVE
NEWBERRY, FL 32669

Current Mailing Address:

16425 NW 32ND AVE
NEWBERRY, FL 32669 US

FEI Number: 26-1313143

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, RODERICK F.
16425 NW 32ND AVE
NEWBERRY, FL 32669 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: RODERICK GONZALEZ

06/23/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GONZALEZ, RODERICK F.
Address 16425 NW 32ND AVE
City-State-Zip: NEWBERRY FL 32669

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 GONZALEZ

MGR

06/23/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date