

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000105339

Entity Name: HEALTHY CARE SOLUTIONS LLC

Current Principal Place of Business:

7829 N DALE MABRY HWY STE 202
TAMPA, FL 33614

Current Mailing Address:

7829 N DALE MABRY HWY STE 202
TAMPA, FL 33614

FEI Number: 27-1156222

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACOSTA, EMMANUEL G
5850 MARKLAKE DRIVE
ORLANDO, FL 32809 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	MGRM
Name	ACOSTA, EMMANUEL G	Name	QUESADA, YOANY
Address	5850 MARLAKE DRIVE	Address	7029 CONCORD DRIVE
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	TAMPA FL 33614

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: YOANY QUESADA

PRESIDENT

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date