**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 03, 2019**
**Secretary of State**
**4564116779CC**

DOCUMENT# L10000011789

**Entity Name:** HEALTHCARE INFORMATION TECHNOLOGIES, LLC

**Current Principal Place of Business:**

2740 SW MARTIN DOWNS BLVD.
SUITE 262
PALM CITY, FL 34990

**Current Mailing Address:**

2740 SW MARTIN DOWNS BLVD.
SUITE 262
PALM CITY, FL 34990

**FEI Number: 27-1816026**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRAZI, RYAN SESQ.
217 EAST OCEAN BLVD
STUART, FL 34994 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 | MGRM |
| Name | POPE, CHARLES HJR |
| Address | 2149 SW OLYMPIC CLUB TERRACE |
| City-State-Zip: | PALM CITY FL 34990 |

*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: CHARLES H POPE MGMR 04/03/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date