

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000012047

**Entity Name:** HEALTH CARE CONSULTANTS, LLC

**Current Principal Place of Business:**

521 FEDERAL PT RD  
EAST PALATKA, FL 32131

**Current Mailing Address:**

521 FEDERAL PT RD  
EAST PALATKA, FL 32131 US

**FEI Number:** 27-4720807

**Certificate of Status Desired:** No

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

WILLIAMS, RHONDA  
521 FEDERAL PT RD  
EAST PALATKA, FL 32131 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:** RHONDA WILLIAMS

03/06/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name WILLIAMS, RHONDA J  
Address 521 FEDERAL POINT RD  
City-State-Zip: EAST PALATKA FL 32131

*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:** RHONDA WILLIAMS

MGRM

03/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date