

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000042884

**Entity Name:** HEALTHCARE-IQ, LLC

**Current Principal Place of Business:**

15371 ROOSEVELT BLVD  
SUITE 100  
CLEARWATER, FL 33760

**Current Mailing Address:**

PO BOX 519  
DURANT, FL 33530 US

**FEI Number:** 45-1627655

**Certificate of Status Desired:** No

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

HEALTHCARE-IQ, INC.  
15371 ROOSEVELT BLVD  
SUITE 100  
CLEARWATER, FL 33760 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:** NORMAN R DOBIESZ

04/15/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HEALTHCARE-IQ, INC.  
Address 15371 ROOSEVELT BLVD  
SUITE 100  
City-State-Zip: CLEARWATER FL 33760

*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:** NORMAN R DOBIESZ

MGR

04/15/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date