2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2017
Secretary of State
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Entity Name: HUMAN POTENTIAL HEALTHCARE WORKFORCE SOLUTIONS, LLC

Current Principal Place of Business:

405 SE OSCEOLA AVENUE
SUITE 110
OCALA, FL 34471

Current Mailing Address:

405 SE OSCEOLA AVENUE
SUITE 110
OCALA, FL 34471 US

FEI Number: 46-4223499

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VAN METER, KRISTIN
1015 SE WENONA AVENUE
OCALA, FL 34471 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	Title	MGRM
Name	TAYLOR, HOLLY W	Name	VAN METER, KRISTIN
Address	PO BOX 358	Address	1015 SE WENONA AVENUE
City-State-Zip:	FT. MCCOY FL 32134	City-State-Zip:	OCALA FL 34471

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: KRISTIN VAN METER OWNER/PRESIDENT 05/01/2017

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