

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000018740

Entity Name: HEALTHCARE NXI, LLC

Current Principal Place of Business:

2015 SW 43RD PLACE
OCALA, FL 34471

Current Mailing Address:

P.O. BOX 4214
OCALA, FL 34478 US

FEI Number: 47-3004272

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SCHAFER, ROBERT L
2015 SW 43RD PLACE
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 AMBR
Name RETAILNXI, INC.
Address 2015 SW 43RD PLACE
City-State-Zip: Ocala FL 34471

Title AMBR
Name HEALTHCARE PROGRAM ADVISORS,
INC.
Address 65 WHITLOCK AVENUE SW
City-State-Zip: MARIETTA GA 30064

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: ROBERT L SCHAFER

SECRETARY

02/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date