

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000211402

Entity Name: HEALTHCASE LLC

Current Principal Place of Business:

1 SE 3RD AVENUE
SUITE 2900
MIAMI, FL 33131

FILED
Mar 20, 2024
Secretary of State
8473751767CC

Current Mailing Address:

1 SE 3RD AVENUE
SUITE 2900
MIAMI, FL 33131 US

FEI Number: 83-1833403

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JAMES W BRYAN CPA PA
221 COMMERCIAL BLVD STE 203
LAUDERDALE BY THE SEA, FL 33308 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	MGR	Title	AUTHORIZED MEMBER
Name	GRISCELLI, JEAN-MARC	Name	HEALTH INSURANCE SERVICES LLC
Address	1 SE 3RD AVE STE 2900	Address	1 SE 3RD AVENUE SUITE 2900
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

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: JEAN-MARC GRISCELLI

MANAGER

03/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date