

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000141685

Entity Name: HEALTHCARE COMPLIANCE & FINANCIAL SERVICES, LLC

Current Principal Place of Business:

12401 ORANGE DRIVE
SUITE 227
DAVIE, FL 33330

Current Mailing Address:

12401 ORANGE DRIVE
SUITE 227
DAVIE, FL 33330 US

FEI Number: 85-1274962

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, BRIDGETTE M
12401 ORANGE DRIVE
SUITE 227
DAVIE, FL 33330 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
Name JOHNSON, BRIDGETTE M
Address 12401 ORANGE DRIVE, SUITE 227
City-State-Zip: DAVIE FL 33330

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: BRIDGETTE M JOHNSON

MANAGER

04/23/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date