

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000176336

Entity Name: GCG HEALTHCARE SOLUTIONS LLC**Current Principal Place of Business:**19046 BRUCE B DOWNS #1333
TAMPA, FL 33647**Current Mailing Address:**19046 BRUCE B DOWNS BLVD #1333
TAMPA, FL 33647 US**FEI Number:** 85-1724268**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 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	GUSTAVE, SHAYTEL E
Address	33191 AZALEA RIDGE DR
City-State-Zip:	WESLEY CHAPEL FL 33545

Title	AMBR
Name	COLE, CIARA J
Address	981 HOUND CHASE DR.
City-State-Zip:	GIBSONTOWN FL 33534

Title	AMBR
Name	GRIFFITH, YASHICA I
Address	3226 PLEASANT WILLOW CT.
City-State-Zip:	BRANDON FL 33511

Title	AMBR
Name	BIASE, BRIAN A
Address	807 LENNA AVE
City-State-Zip:	SEFFNER FL 33584

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: CIARA J COLE

COO

04/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date