

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000090684

Entity Name: HEALTHCARE MEDICAL CONSULTANTS LLC

Current Principal Place of Business:

334 SHORE DR
ELLENTON, FL 34222

Current Mailing Address:

334 SHORE DR
ELLENTON, FL 34222 US

FEI Number: 87-4710996

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, NAYLA
334 SHORE DR
ELLENTON, FL 34222 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: NAYLA GONZALEZ

04/08/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GONZALEZ, NAYLA
Address 334 SHORE DR
City-State-Zip: ELLENTON FL 34222

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: NAYLA GONZALEZ

PRESIDENT

04/08/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date