

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006291

Entity Name: HEALTHEDGE INVESTMENT PARTNERS, LLC**Current Principal Place of Business:**5550 W EXECUTIVE DR STE 230
TAMPA, FL 33609**Current Mailing Address:**5550 W EXECUTIVE DR STE 230
TAMPA, FL 33609 US**FEI Number:** 20-2951019**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DINGLE, PHILLIP S
5550 W EXECUTIVE DR STE 230
TAMPA, FL 33609 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 MGRM
Name ANDERSON, BRIAN W
Address 5550 W EXECUTIVE DR STE 230
City-State-Zip: TAMPA FL 33609

Title MGRM
Name DINGLE, PHILLIP S
Address 5550 W EXECUTIVE DR STE 230
City-State-Zip: TAMPA FL 33609

Title MANAGER, AUTHORIZED MEMBER
Name THOMPSON, JEFFERY S
Address 5550 W EXECUTIVE DR STE 230
City-State-Zip: TAMPA FL 33609

Title MANAGER, AUTHORIZED MEMBER
Name HEBERLEIN, SCOTT J
Address 5550 W EXECUTIVE DR STE 230
City-State-Zip: TAMPA FL 33609

Title MANAGER, AUTHORIZED MEMBER
Name DAWSON, MATTHEW J
Address 5550 W EXECUTIVE DR STE 230
City-State-Zip: TAMPA FL 33609

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: PHILLIP S DINGLE**MGRM****03/28/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date