

2022 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	MANAGER, AUTHORIZED MEMBER
Name	THOMPSON, JEFFERY S
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	HEBERLEIN, SCOTT 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

04/19/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date