## 2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004867

Entity Name: HEALTHPLANCRM, LLC

**Current Principal Place of Business:** 

71 LIGHTHOUSE ROAD SUITE 230

HILTON HEAD, SC 29928

## **Current Mailing Address:**

71 LIGHTHOUSE ROAD SUITE 230 HILTON HEAD, SC 29928

FEI Number: 20-5642179 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

**FILED** Jan 15, 2018

**Secretary of State** 

CC0943251169

Authorized Person(s) Detail:

Title COO Title **ACCT** 

PHILLIPS, PATRICK FARBER, AMY Name Name

71 LIGHTHOUSE ROAD, SUITE 230 71 LIGHTHOUSE ROAD, SUITE 230 Address Address

City-State-Zip: HILTON HEAD FL 29928 City-State-Zip: HILTON HEAD SC 29928

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.

01/15/2018 ACCOUNTANT/PARTNER SIGNATURE: AMY FARBER