

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000001556

**FILED  
Apr 20, 2021  
Secretary of State  
3535557264CC**

**Entity Name:** HEALTHPRO MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

307 INTERNATIONAL CIRCLE  
SUITE 100  
HUNT VALLEY, MD 21030

**Current Mailing Address:**

307 INTERNATIONAL CIRCLE  
SUITE 100  
HUNT VALLEY, MD 21030 US

**FEI Number:** 26-1167226

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MEMBER  
Name SPECTRUM PROFESSIONAL SERVICES, LLC  
Address 307 INTERNATIONAL CIRCLE SUITE 100  
City-State-Zip: HUNT VALLEY MD 21030

Title MANAGER, TREASURER, AUTHORIZED PERSON  
Name SPENCER, JAMES  
Address 307 INTERNATIONAL CIRCLE SUITE 100  
City-State-Zip: HUNT VALLEY MD 21030

Title CFO, MANAGER, AUTHORIZED PERSON  
Name HELLER, JOHN  
Address 307 INTERNATIONAL CIRCLE SUITE 100  
City-State-Zip: HUNT VALLEY MD 21030

*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:** JAMES SPENCER

**MANAGER**

**04/20/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date