

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000003767

**Entity Name:** HEALTHCARE SOLUTIONS CONSULTING, LLC

**Current Principal Place of Business:**

3287 EMERSON LANE  
TALLAHASSEE, FL 32317

**Current Mailing Address:**

1744 N BELCHER RD., STE 150  
CLEARWATER, FL 33765 US

**FEI Number:** 61-2027440

**Certificate of Status Desired:** No

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

GOULD, JASON  
1744 N BELCHER RD., STE 150  
CLEARWATER, FL 33765 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            MGMB  
Name            RICHARDS, JUNIOR  
Address        817 PARK CHASE DR  
City-State-Zip: EVANS GA 30809

*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:** JUNIOR RICHARDS

MGR

07/17/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date