| I hereby certify that the information indicated on this report or supplemental report is true and ac oath; that I am a managing member or manager of the limited liability company or the receiver o | | |
|---|-----|------------|
| that my name appears above, or on an attachment with all other like empowered. | | |
| SIGNATURE: PATRICIA BROCK | CEO | 01/30/2023 |

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

| Title | AMBR | Title | AMBR |
|-----------------|-----------------------|-----------------|-----------------------|
| Name | BROCK, PATRICIA | Name | BROCK, RAY |
| Address | 1379 LANSDOWNE AVENUE | Address | 1379 LANSDOWNE AVENUE |
| City-State-Zip: | ORANGE CITY FL 32763 | City-State-Zip: | ORANGE CITY FL 32763 |

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000275544

Entity Name: HTI NURSING NEGLIGENCE AND LIFE CARE PLANNING LLC

Current Principal Place of Business:

1379 LANSDOWNE AVENUE ORANGE CITY, FL 32763

Current Mailing Address:

1379 LANSDOWNE AVENUE ORANGE CITY, FL 32763 US

FEI Number: 87-1205415

Name and Address of Current Registered Agent:

BROCK, PATRICIA 1379 LANSDOWNE AVENUE ORANGE CITY, FL 32763 US

SIGNATURE:

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.

Certificate of Status Desired: No

FILED Jan 30, 2023 Secretary of State 8942160290CC

Date

Date