

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000008299

**Entity Name:** HEALTHCARE IMPACT ASSOCIATES II LLC

**Current Principal Place of Business:**

1550 PEACHTREE ST NE  
ATLANTA, GA 30309

**Current Mailing Address:**

1550 PEACHTREE ST NE  
ATLANTA, GA 30309 US

**FEI Number: 81-1666718**

**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 SECRETARY  
Name STOCKARD, LISA  
Address 1550 PEACHTREE ST. NW  
City-State-Zip: ATLANTA GA 30309

Title PRESIDENT  
Name PLODER, RODOLFO O.  
Address 1550 PEACHTREE ST NE  
City-State-Zip: ATLANTA GA 30309

Title TREASURER  
Name BONFIELD, MICHAEL GABE  
Address 1550 PEACHTREE ST NE  
City-State-Zip: ATLANTA GA 30309

*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: LISA STOCKARD**

**SECRETARY**

**04/26/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date