

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000044956

Entity Name: LMH HAWTHORNE HEALTHCARE INC.

Current Principal Place of Business:

2670 SW 76TH AVENUE
MIAMI, FL 33155

Current Mailing Address:

4075 HAWTHORNE CIRCLE
LONGMONT, CO 80503

FEI Number: 45-2181421

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ALAN, FOXMAN ESQ
355 NE 5TH AVE
SUITE 4
DELRAY BEACH, FL 33483 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

Officer/Director Detail :

| | | | |
|-----------------|-----------------------|-----------------|-----------------------|
| Title | CEO, PRESIDENT | Title | CFO, COO |
| Name | HERNANDEZ, LOUIS J | Name | SANCHEZ, HARRY J |
| Address | 4075 HAWTHORNE CIRCLE | Address | 7204 MATTHEW MILLS RD |
| City-State-Zip: | LONGMONT CO 80503 | City-State-Zip: | MCLEAN VA 22101 |

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LOUIS J HERNANDEZ

CEO

01/07/2016

Electronic Signature of Signing Officer/Director Detail

Date