

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004760

Entity Name: NATIONWIDE HEALTH NETWORK, LLC

Current Principal Place of Business:

4810 SW 4TH STREET
CORAL GABLES, FL 33134

Current Mailing Address:

4810 SW 4TH STREET
CORAL GABLES, FL 33134 US

FEI Number: 02-0552981

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ORIA, MICHAEL ISMAEL
4810 SW 4TH STREET
CORAL GABLES, FL 33134 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: MICHAEL ISMAEL ORIA

02/12/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name ORIA, MICHAEL ISMAEL
Address 4810 SW 4TH STREET
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name ISMAEL, ORIA
Address 8340 SW 102 STREET
City-State-Zip: MIAMI FL 33156

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: MICHAEL ORIA

02/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date