2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2017
Secretary of State
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Entity Name: THREE DIMENSIONS HEALTHCARE, LLC

Current Principal Place of Business:

6922 SOUTHPORT DRIVE
BOYNTON BEACH, FL 33472

Current Mailing Address:

PO BOX 129
HALLANDALE, FL 33008 US

FEI Number: 20-1854144

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PERRY, BRUCE M
6922 SOUTHPORT DRIVE
BOYNTON BEACH , FL 33472 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	MGRM
Name	PERRY, BRUCE M
Address	6922 SOUTHPORT DR
City-State-Zip:	BOYNTON BEACH FL 33472

Title	MGR
Name	GARCIA, TOMAS MD
Address	11630 VERSAILLES LAKE LANE
City-State-Zip:	HOUSTON TX 77082

Title	MGR
Name	NEER, HARRY M
Address	THE POINT AT CYPRUSS WOOD 11800 GRANT ROAD 1611
City-State-Zip:	CPPRESS TX 77429

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: BRUCE M. PERRY MANAGER 02/11/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date