

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000026807

**Entity Name:** NEONATAL, INFANT, PEDIATRIC & ADULT ADVANCED  
HEALTHCARE APPLICATIONS LLC

**Current Principal Place of Business:**

1100 SW 57TH AVE, PENTHOUSE 1  
MIAMI, FL 33144

**Current Mailing Address:**

1100 SW 57TH AVE, PENTHOUSE 1  
MIAMI, FL 33144

**FEI Number:** 20-2514434

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AMJAD, IBRAHIM  
1100 SW 57TH AVE PENTHOUSE1  
MIAMI, FL 33144 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 AMJAD, IBRAHIM  
Address 1100 SW 57TH AVE PENTHOUSE 1  
City-State-Zip: MIAMI FL 33144

*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:** IBRAHIM H AMJAD

**PRESIDENT**

**03/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date