

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000011051

**Entity Name:** NERDHEALTH, LLC

**Current Principal Place of Business:**

1000 WEST MCNAB ROAD  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

1000 WEST MCNAB ROAD  
POMPANO BEACH, FL 33069

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

COHN, ALAN B  
200 EAST BROWARD BOULEVARD  
SUITE 1800  
FORT LAUDERDALE, FL 33301 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 KESSELMAN, MARC M  
Address 1000 WEST MCNAB ROAD  
City-State-Zip: POMPAN BEACH FL 33069

Title MGRM  
Name KESSELMAN, ROBIN  
Address 1000 WEST MCNAB ROAD  
City-State-Zip: POMPAN BEACH FL 33069

*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:** ROBIN KESSELMAN

**MANAGER**

**01/19/2015**

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

\_\_\_\_\_  
Date