that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMSHIP JABBARI

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

Entity Name: GRAND HEALTH CARE CONSULTING LLC

1717 NORTH BAYSHORE DRIVE SUITE 217 MIAMI, FL 33132

Current Principal Place of Business:

DOCUMENT# L09000100207

1717 NORTH BAYSHORE DRIVE

SUITE 217 MIAMI, FL 33132

FEI Number: 27-1291623

Name and Address of Current Registered Agent:

JABBARI, JAMSHIP 1717 NORTH BAYSHORE DRIVE SUITE 215 MIAMI, FL 33132 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

Authorized Person(s) Detail :

Title MGR Name JABBARI, JAMSHIP 1717 NORTH BAYSHORE DRIVE Address City-State-Zip: MIAMI FL 33132

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2013 Secretary of State CC1265700943

Certificate of Status Desired: Yes

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 608, Florida Statutes; and

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SIGNATURE	AMSHI	P JAF	вван	

04/30/2013 MANAGER

Date

Date