2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2015
Secretary of State
CC6118611745

DOCUMENT# L10000030255

Entity Name: HEALTH LINE ONE LLC

Current Principal Place of Business:

1900 NW 44TH STREET
POMPANO BEACH, FL 33064

Current Mailing Address:

1900 NW 44TH STREET
POMPANO BEACH, FL 33064

FEI Number: 27-2147497

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BASO, KRIS
1900 NW 44TH ST
POMPANO BEACH, FL 33064 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	Title	MGR
Name	GIUSEPPE, D'ALLESSANDRO	Name	BASO, KRIS
Address	6555 N. POWERLINE ROAD, SUITE 414	Address	6555 N. POWERLINE ROAD, SUITE 414
City-State-Zip:	FT LAUDERDALE FL 33309	City-State-Zip:	FT LAUDERDALE FL 33309

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: KRISTIAN BASO OWNER 02/23/2015

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