

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000035322

Entity Name: WATTS HEALTH POLICY CONSULTING, LLC

Current Principal Place of Business:

4459 HIGHWAY 90
PACE, FL 32571

Current Mailing Address:

4459 HIGHWAY 90
PACE, FL 32571 US

FEI Number: 27-2319376

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WATTS, MOLLY
4459 HIGHWAY 90
PACE, FL 32571 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 WATTS, MOLLY
Address 5686 HIGHLAND LAKE DRIVE
City-State-Zip: MILTON FL 32583

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: MOLLY WATTS

OWNER

02/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date