

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000014223

Entity Name: BETTER HEALTH CARE CENTER LLC

Current Principal Place of Business:

7520 SW 57 AVENUE
STE K
SOUTH MIAMI, FL 33143

Current Mailing Address:

7520 SW 57 AVENUE
STE K
SOUTH MIAMI, FL 33143 US

FEI Number: 80-0682242

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VALENZUELA, CLARAINES
7520 SW 57TH AVE
SOUTH MIAMI, FL 33143 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 MGR
Name VALENZUELA, CLARAINES
Address 7520 SW 57 AVENUE
STE K
City-State-Zip: SOUTH MIAMI FL 33143

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: CLARAINES VALENZUELA

MNGR

04/28/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date