

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000047896

**Entity Name:** AMERICA'S CHOICE HEALTH GROUP LLC

**Current Principal Place of Business:**

4770 NW 2ND AVE  
SUITE B  
BOCA RATON, FL 33431

**Current Mailing Address:**

2929 SOUTH OCEAN BLVD., #117  
BOCA RATON, FL 33432

**FEI Number:** 45-2154593

**Certificate of Status Desired:** No

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

DANIEL, GOOTNER  
2929 SOUTH OCEAN BLVD., #117  
BOCA RATON, FL 33432 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	Title	S
Name	GOOTNER, DANIEL	Name	GOOTNER, DANIEL
Address	2929 SOUTH OCEAN BLVD., #117	Address	2929 SOUTH OCEAN BLVD., #117
City-State-Zip:	BOCA RATON FL 33432	City-State-Zip:	BOCA RATON FL 33432

*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:** DANIEL GOOTNER

**OWNER**

**01/08/2014**

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

\_\_\_\_\_  
Date