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.

OWNER

SIGNATURE: DANIEL GOOTNER

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: AMERICA'S CHOICE HEALTH GROUP LLC

Current Principal Place of Business:

2929 S OCEAN BLVD #117 BOCA RATON, FL 33432

Current Mailing Address:

BOCA RATON, FL 33432

FEI Number: 45-2154593

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

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

Authorized Person(s) Detail :

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:

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

2929 SOUTH OCEAN BLVD., #117

FILED Jun 08, 2015 Secretary of State CC7642658961

Certificate of Status Desired: No

06/08/2015

Date

Date

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L11000047896