

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000092808

**Entity Name:** BETTER HEALTHCARE LLC

**Current Principal Place of Business:**

14201 W SUNRISE BLVD  
103  
SUNRISE, FL 33323

**Current Mailing Address:**

14201 W SUNRISE BLVD  
103  
SUNRISE, FL 33323 US

**FEI Number:** 80-0748784

**Certificate of Status Desired:** No

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

BISHOP, JASON  
14201 W SUNRISE BLVD  
103  
SUNRISE, FL 33323 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 P  
Name BISHOP, JASON  
Address 14201 W SUNRISE BLVD  
City-State-Zip: SUNRISE FL 33323

Title S  
Name BISHOP, SUSAN  
Address 14201 W SUNRISE BLVD  
City-State-Zip: SUNRISE FL 33323

Title T  
Name EISENBERG, AMY  
Address 14201 W SUNRISE BLVD  
City-State-Zip: SUNRISE FL 33323

*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:** JASON BISHOP

**PRESIDENT**

**03/16/2017**

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

\_\_\_\_\_  
Date