

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000031596

**Entity Name:** ANGEL HEALTH MANAGEMENT, LLC

**Current Principal Place of Business:**

15751 SHERIDAN STREET  
#187  
FORT LAUDERDALE, FL 33331

**Current Mailing Address:**

15751 SHERIDAN STREET  
#187  
FORT LAUDERDALE, FL 33331 US

**FEI Number:** 45-4706513

**Certificate of Status Desired:** No

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

PORRELLO, JOSEPH A  
7875 SW 104TH STREET  
SUITE 103  
MIAMI, FL 33156 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 ABIGANTUS, NUVIA  
Address 15751 SHERIDAN STREET #187  
City-State-Zip: FORT LAUDERDALE FL 33331

*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:** NUVIA L ABIGANTUS

**MANAGER**

**03/27/2014**

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

\_\_\_\_\_  
Date