

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000069939

Entity Name: NOBLE HEALTHCARE SOLUTIONS, LLC

Current Principal Place of Business:

2860 NW 9TH STREET
POMPANO BEACH, FL 33069

Current Mailing Address:

2860 NW 9TH STREET
POMPANO BEACH, FL 33069 US

FEI Number: 45-5349164

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, ANGELA
2860 NW 9TH STREET
POMPANO BEACH, FL 33069 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 CEO
Name WILSON, ANGELA
Address PO BOX 669262
City-State-Zip: POMPANO BEACH FL 33066

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: ANGELA WILSON

CEO

03/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date