

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000070453

**Entity Name:** 1ST CHOICE HEALTHCARE SOLUTIONS LLC

**Current Principal Place of Business:**

4559 N PINE ISLAND  
SUNRISE, FL 33351

**Current Mailing Address:**

4559 N PINE ISLAND ROAD  
SUNRISE, FL 33351 US

**FEI Number:** 45-5378975

**Certificate of Status Desired:** No

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

KASHOU, JASON  
4559 N PINE ISLAND  
SUNRISE, FL 33351 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:** JASON KASHOU

06/26/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            CEO  
Name            KASHOU, JASON  
Address        4559 N PINE ISLAND  
City-State-Zip: SUNRISE FL 33351

*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 KASHOU

CEO

06/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date