

**2017 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:**

1613 NW 102ND WAY  
CORAL SPRINGS, FL 33071

**FEI Number:** 45-5378975

**Certificate of Status Desired:** Yes

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

KASHOU, JASON  
1613 NW 102ND WAY  
CORAL SPRINGS, FL 33071 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

05/02/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KASHOU, JASON  
Address 1613 NW 102ND WAY  
City-State-Zip: CORAL SPRINGS FL 33071

*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

MGR

05/02/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date