

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000072222

Entity Name: PRO HEALTH NETWORK, LLC

Current Principal Place of Business:

3100 17 STREET
ST. CLOUD, FL 34769

Current Mailing Address:

3100 17 STREET
ST. CLOUD, FL 34769 US

FEI Number: 45-5382416

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DI CAPUA, JOSEPH J
3100 17 STREET
ST. CLOUD, FL 34769 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: JOSEPH DI CAPUA

04/09/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGR
Name	DI CAPUA, JOSEPH J	Name	BLANCO, FRANK
Address	3100 17 STREET	Address	3100 17 STREET
City-State-Zip:	ST. CLOUD FL 34769	City-State-Zip:	ST. CLOUD FL 34769

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: DI CAPUA, JOSEPH J

MGRM

04/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date