

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000129997

Entity Name: ALLIANCE HEALTH OPTIONS LLC

Current Principal Place of Business:

141 NW 20TH,
STE F-6
BOCA RATON,, FL 33431

Current Mailing Address:

141 NW 20TH,
STE F-6
BOCA RATON,, FL 33431 US

FEI Number: 46-1176918

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAHLER, BENJAMIN MGR
131 NW 13 STREET
#41
BOCA RATON, FLA, FL 33343 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: BENJAMIN MAHLER

04/30/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MAHLER, BENJAMIN
Address 20905 AVENEL RUN
City-State-Zip: BOCA RATON FL 33428

Title MANAGER
Name MAHLER, DAVID B
Address 141 NW 20 ST
F-6
City-State-Zip: BOCA RATON FL 33431

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: DAVID B. MAHLER

MGR

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date