

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000014409

Entity Name: CHOICES FOR MEDICARE, LLC

Current Principal Place of Business:

15901 PHILLIPS RD
ODESSA, FL 33556

Current Mailing Address:

15901 PHILLIPS RD
ODESSA, FL 33556 US

FEI Number: 46-1929057

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EGOSI, JOSEPH
15901 PHILLIPS RD
ODESSA, FL 33556 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 EGOSI

03/29/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name EGOSI, JOSEPH
Address 15901 PHILLIPS RD
City-State-Zip: ODESSA FL 33556

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: JOSEPH EGOSI

MGRM

03/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date