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.

MANAGER

SIGNATURE: DIANE DANIELS

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 1408 HIGHLAND RIDGE CIRCLE

1408 HIGHLAND RIDGE CIRCLE BRANDON, FL 33510

DOCUMENT# L13000017681

Current Mailing Address:

1315 OAKFIELD DR #1254 BRANDON, FL 33509 US

FEI Number: 46-2133500

Name and Address of Current Registered Agent:

DANIELS, DIANE S 1408 HIGHLAND RIDGE CIRCLE BRANDON, FL 33510 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

TitleMGRNameDANIELS, DIANE SAddress1408 HIGHLAND RIDGE CIRCLECity-State-Zip:BRANDON FL 33510

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: SENIOR ADVOCATES FOR MEDICARE & MEDICAID, LLC

FILED Apr 23, 2016 Secretary of State CC5519993839

Certificate of Status Desired: No

Date

04/23/2016 Date