

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000031359

**Entity Name:** SBG HEALTHCARE, LLC

**Current Principal Place of Business:**

7665 DAVIE RD EXT.  
SUITE 201  
HOLLYWOOD, FL 33024

**Current Mailing Address:**

7665 DAVIE RD EXT.  
SUITE 201  
HOLLYWOOD, FL 33024 US

**FEI Number:** 46-2214866

**Certificate of Status Desired:** No

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

OKEEFE, PAUL  
7665 DAVIE RD EXT.  
SUITE 201  
HOLLYWOOD, FL 33024 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name OKEEFE, PAUL J  
Address 7665 DAVIE RD EXT.  
SUITE 201  
City-State-Zip: HOLLYWOOD FL 33024

Title MGR  
Name SEDER, DREW L  
Address 7665 DAVIE RD EXT.  
SUITE 201  
City-State-Zip: HOLLYWOOD FL 33024

*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:** PAUL OKEEFE

MGR

02/02/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date