

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000063223

**Entity Name:** INFINITE HEALTH CENTERS, LLC

**Current Principal Place of Business:**

10650 WEST STATE ROAD 84  
SUITE 104  
DAVIE, FL 33324

**Current Mailing Address:**

10650 WEST STATE ROAD 84  
SUITE 104  
DAVIE, FL 33324

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

GOULD, RANDY B  
10650 WEST STATE ROAD 84  
SUITE 104  
DAVIE, FL 33324 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 MGRM  
Name GOULD, RANDY B  
Address 10650 WEST STATE ROAD 84 SUITE  
104  
City-State-Zip: DAVIE FL 33324

Title MGRM  
Name SABBOTA, MARK G  
Address 10650 WEST STATE ROAD 84 SUITE  
104  
City-State-Zip: DAVIE FL 33324

*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:** RANDY GOULD

MGRM

05/01/2018

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

\_\_\_\_\_  
Date