

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000133510

Entity Name: V.I.P. HEALTH INSURANCE, LLC

Current Principal Place of Business:

7161 LOCKWOOD ROAD
LAKE WORTH, FL 33467

Current Mailing Address:

7161 LOCKWOOD ROAD
LAKE WORTH, FL 33467 US

FEI Number: 46-3728150

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FINGERET, BENJAMIN
7161 LOCKWOOD ROAD
LAKE WORTH, FL 33467 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 FINGERET, BENJAMIN WILLIAM
Address 7161 LOCKWOOD ROAD
City-State-Zip: LAKE WORTH FL 33467

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: BENJAMIN FINGERET

OWNER

04/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date