

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000139494

**Entity Name:** CROSSLINK HEALTH CARE, LLC

**Current Principal Place of Business:**

100 SOUTH EOLA DRIVE  
NO. 702  
ORLANDO, FL 32801

**Current Mailing Address:**

100 SOUTH EOLA DRIVE  
NO. 702  
ORLANDO, FL 32801 US

**FEI Number:** 46-3804569

**Certificate of Status Desired:** No

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

STACY A. MCCLAND, P.A.  
136 RACHEL LIN LANE  
SAINT CLOUD, FL 34771 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	Title	MGR
Name	PETZ, CHARLES	Name	SBRILLI, REYNOLD JR.
Address	100 SOUTH EOLA DRIVE, #702	Address	5287 SOLWAY DRIVE
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	MELBOURNE FL 32951

*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:** CHARLES PETZ

MGR

01/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date