

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000176821

Entity Name: CUSTOMIZED HEALTHCARE SOLUTIONS LLC

Current Principal Place of Business:

1509-1 SOUTH STREET
LEESBURG, FL 34748

Current Mailing Address:

6053 SPINNAKER LOOP
LADY LAKE, FL 32159 US

FEI Number: 46-4455659

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOSTAPH, KEITH L
6053 SPINNAKER LOOP
LADY LAKE, FL 32159 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 BOSTAPH, KEITH L
Address 6053 SPINNAKER LOOP
City-State-Zip: LADY LAKE FL 32159

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: KEITH BOSTAPH DC

MANAGER

04/27/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date