

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000027624

Entity Name: ASGARDHEALTH, LLC

Current Principal Place of Business:

1655 PALM BEACH LAKES BLVD.
SUITE 401
WEST PALM BEACH, FL 33401

Current Mailing Address:

1655 PALM BEACH LAKES BLVD.
SUITE 401
WEST PALM BEACH, FL 33401 US

FEI Number: 46-5405373

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOVETTE, BRADFORD S
1655 PALM BEACH LAKES BLVD.
SUITE 401
WEST PALM BEACH, FL 33401 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 LOVETTE, BRADFORD S
Address 1655 PALM BEACH LAKES BLVD.
SUITE 401
City-State-Zip: WEST PALM BEACH FL 33401

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: BRADFORD S. LOVETTE

MANAGER

02/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date