

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000112495

**Entity Name:** PRIME HEALTHCARE ANALYTICS, LLC

**Current Principal Place of Business:**

2 SOUTH BISCAYNE BOULEVARD  
SUITE 1800  
MIAMI, FL 33131

**Current Mailing Address:**

2 SOUTH BISCAYNE BOULEVARD  
SUITE 1800  
MIAMI, FL 33131

**FEI Number:** 47-1862020

**Certificate of Status Desired:** No

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

CHOUKROUN, DIDIER  
2 SOUTH BISCAYNE BOULEVARD  
SUITE 1800  
MIAMI, FL 33131 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 CHOUKROUN, DIDIER  
Address 2 SOUTH BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33131

*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:** DIDIER CHOUKROUN

**AGENT**

**02/09/2018**

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

\_\_\_\_\_  
Date