

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000123439

Entity Name: TORAL HEALTH SOLUTIONS, LLC.

Current Principal Place of Business:

4780 DAVIE RD
101
DAVIE, FL 33314

Current Mailing Address:

4780 DAVIE RD
101
DAVIE, FL 33314 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORAL, FRANK
4780 DAVIE RD
101
DAVIE, FL 33314 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: FRANK TORAL

01/11/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name TORAL, FRANK
Address 4780 DAVIE RD
 101
City-State-Zip: DAVIE FL 33314

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: FRANK TORAL

OWNER

01/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date