

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000128826

**Entity Name:** FLORIDA HEALTH NETWORKS, LLC

**Current Principal Place of Business:**

13899 BISCAYNE BLVD., SUITE 205  
NORTH MIAMI BEACH, FL 33181

**Current Mailing Address:**

13899 BISCAYNE BLVD., SUITE 205  
NORTH MIAMI BEACH, FL 33181 US

**FEI Number:** 47-1707599

**Certificate of Status Desired:** No

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

ANTIEAU, KATHY  
2 SOUTH BISCAYNE BLVD #1710  
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            AMBR  
Name            HEALTH FOUNDATION OF SOUTH  
                    FLORIDA, INC.  
Address        TWO SOUTH BISCAYNE BLVD., SUITE  
                    1710  
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:** KATHY J ANTIEAU

**CFO**

**03/13/2018**

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

\_\_\_\_\_  
Date