

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000134702

Entity Name: HERO HEALTH LLC

Current Principal Place of Business:

194 INLET DRIVE
ST. AUGUSTINE, FL 32080

Current Mailing Address:

194 INLET DRIVE
ST. AUGUSTINE, FL 32080

FEI Number: 47-1696547

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 VEPURI, KALYAN
Address 14 INLET DRIVE
City-State-Zip: ST. AUGUSTINE FL 32080

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: KALYAN VEPURI

MGM MEMBER

05/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date