

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000163495

Entity Name: EXPEDITED HEALTHCARE CLAIMS NETWORK, LLC.

Current Principal Place of Business:

1200 N FEDERAL HWY.,
SUITE 211
BOCA RATON, FL 33432

Current Mailing Address:

1200 N FEDERAL HWY.,
SUITE 211
BOCA RATON, FL 33432

FEI Number: 47-2252153

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KNELLER, ALAN M
1200 N FEDERAL HWY.,
SUITE 209
BOCA RATON, FL 33432 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 JCP HEALTHCARE MARKETING LLC.
Address 8527 SW 70TH STREET
City-State-Zip: TRENTON FL 32693

Title MGR
Name HEALTHCARE CONSULTING LLC.
Address 1200 N FEDERAL HWY.,
SUITE 211
City-State-Zip: BOCA RATON FL 33432

Title MGR
Name FCL INTERNATIONAL HOLDINGS LLC.
Address PO BOX 248
City-State-Zip: BETHANIA NC 27010

Title MGR
Name IRONWOOD MANAGEMENT LLC.
Address 106 SHADOW BEND LANE
City-State-Zip: CARY NC 27518

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: ALAN M. KNELLER

CEO

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date