2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2015
Secretary of State
CC2395304544

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Entity Name: POWERFULU HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

3601 W. COMMERCIAL BOULEVARD
SUITE 17
NORTH LAUDERDALE, FL 33065

Current Mailing Address:

3601 W. COMMERCIAL BOULEVARD
SUITE 17
NORTH LAUDERDALE, FL 33065

FEI Number: 47-2377182

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADRIEN, GERALDA
1590 NW 128TH DRIVE
APT 108
SUNRISE, FL 33323 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	ADRIEN , GERALDA
Address	1590 NW 128TH DRIVE APT 108
City-State-Zip:	SUNRISE FL 33323

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: ADRIEN, GERALDA MANAGER 04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date