

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000178045

Entity Name: POWERFULU HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

3601 W. COMMERCIAL BOULEVARD
SUITE 17
FORT LAUDERDALE, FL 33309

Current Mailing Address:

3601 W. COMMERCIAL BOULEVARD
SUITE 17
FORT LAUDERDALE, FL 33309 US

FEI Number: 47-2377182

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ADRIEN, GERALDA
3601 W. COMMERCIAL BOULEVARD
SUITE 17
FORT LAUDERDALE, FL 33309 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: GERALDA ADRIEN

04/23/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name ADRIEN , GERALDA
Address 3601 W. COMMERCIAL BOULEVARD
 SUITE 17
City-State-Zip: FORT LAUDERDALE FL 33309

Title VP
Name KIMA, RUDOLPH BETTER
Address 3601 W. COMMERCIAL BOULEVARD
 SUITE 17
City-State-Zip: FORT LAUDERDALE FL 33309

Title SECRETARY
Name DANJOUR, LINDA
Address 19481 DAKOTA COURT
City-State-Zip: BOCA RATON FL 33434

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: GERALDA,ADRIEN

PRESIDENT

04/23/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date