

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000186561

**Entity Name:** HUBSPRING HEALTH LLC

**Current Principal Place of Business:**

808 BRICKELL KEY DRIVE  
3006  
MIAMI, FL 33131

**Current Mailing Address:**

808 BRICKELL KEY DRIVE  
3006  
MIAMI, FL 33131 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

GENCORELLI, FRANK J  
808 BRICKELL KEY DRIVE  
3006  
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 MGR  
Name GENCORELLI, FRANK J  
Address 808 BRICKELL KEY DRIVE  
3006  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name SYNAPPS LLC  
Address 808 BRICKELL KEY DRIVE  
3006  
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:** FRANK J GENCORELLI

**MANAGER**

**04/28/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date