

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000193737

**Entity Name:** INNOVATIVE HEALTHCARE INVESTMENTS, LLC

**Current Principal Place of Business:**

16119 STATE ROAD 71 SOUTH  
BLOUNTSTOWN, FL 32424

**Current Mailing Address:**

PO BOX 367  
BLOUNTSTOWN, FL 32424 US

**FEI Number:** 47-2697479

**Certificate of Status Desired:** No

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

LAYNE, TONY B  
16119 STATE ROAD 71 SOUTH  
BLOUNTSTOWN, FL 32424 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 CEO  
Name LAYNE, TONY B  
Address 16119 STATE ROAD 71 SOUTH  
City-State-Zip: BLOUNTSTOWN FL 32424

Title COO  
Name LAYNE, CASSI  
Address 16119 STATE ROAD 71 SOUTH  
City-State-Zip: BLOUNTSTOWN FL 32424

Title CFO  
Name ROSENBAUM, JOHN  
Address 16119 STATE ROAD 71 SOUTH  
City-State-Zip: BLOUNTSTOWN FL 32424

Title PRESIDENT  
Name FRIGON, SCOTT  
Address 16119 STATE ROAD 71 SOUTH  
City-State-Zip: BLOUNTSTOWN FL 32424

*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:** TONY LAYNE

CEO

03/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date