

2015 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 ROAD71 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 MGR
Name LAYNE, TONY B
Address 16119 STATE ROAD 71 SOUTH
City-State-Zip: BLOUNTSTOWN FL 32424

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

Title MGR
Name CAMARDA, FRANK C JR
Address 9012 MAGNOLIA LANE
City-State-Zip: TINLEY PARK IL 60487

Title MGR
Name SAWICZ, RICHARD
Address 433 NORTH CANAL STREET
City-State-Zip: CHICAGO IL 60654

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 B LAYNE

MANAGER

03/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date