

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000032979

Entity Name: ONE HEALTH TECH, L.L.C.

Current Principal Place of Business:

12950 BRADY ROAD
JACKSONVILLE, FL 32223

Current Mailing Address:

12781 S.W. 103RD COURT
MIAMI, FL 33176

FEI Number: 47-3299073

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAILLACE, NAYFE S
12781 S.W. 103RD COURT
MIAMI, FL 33176 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 AMBR
Name HEDRICK, DAVID T
Address 12950 BRADY ROAD
City-State-Zip: JACKSONVILLE FL 32223

Title AMBR
Name RAO, SUMANT
Address 11 FOREST LANE
City-State-Zip: SIMSBURY CT 06070

Title AMBR
Name FAILLACE, NAYFE S
Address 8920 S.W. 118TH STREET
City-State-Zip: MIAMI FL 33176

Title AMBR
Name ACEVEDO, JEAN
Address 711 GOLF COURT
City-State-Zip: DELRAY BEACH FL 33445

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: NAYFE FAILLACE

PRINCIPLE

01/06/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date