

**2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L15000040444

**Entity Name:** PAJ HEALTH PARTNERS LLC

**Current Principal Place of Business:**

16855 NE 2ND AVE  
SUITE 400N  
NORTH MIAMI, FL 33162

**Current Mailing Address:**

16855 NE 2ND AVE  
SUITE 400N  
NORTH MIAMI, FL 33162 US

**FEI Number:** 47-3379595

**Certificate of Status Desired:** No

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

BENGIO, JACOB  
12221 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 33161 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 GINSPARG, NORMAN  
Address 16855 NE 2ND AVE  
SUITE 400N  
City-State-Zip: NORTH MIAMI FL 33162

*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:** NORMAN GINSPARG

MGR

03/25/2016

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date