

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000061794

Entity Name: ACCOUNTABLE CARE COALITION OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

4888 LOOP CENTRAL DRIVE
SUITE 300
HOUSTON, TX 77081

Current Mailing Address:

4888 LOOP CENTRAL DRIVE
SUITE 300
HOUSTON, TX 77081

FEI Number: 47-3665787

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOWE, DANLIAS F
1064 GREENWOOD BLVD.
SUITE 200
LAKE MARY, FL 32746 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 AUTHORIZED MEMBER
Name COLLABORATIVE HEALTH SYSTEMS,
 LLC
Address 4888 LOOP CENTRAL DRIVE
 SUITE 300
City-State-Zip: HOUSTON TX 77081

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: COLLABORATIVE HEALTH SYSTEMS, LLC

MEMBER

03/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date