

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000083737

Entity Name: 4 HEALTH PROTECTION, LLC

Current Principal Place of Business:

2420 MONACO DRIVE
TALLAHASSEE, FL 32308

Current Mailing Address:

2420 MONACO DRIVE
TALLAHASSEE, FL 32308 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
A
TAMPA, FL 33612 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 VALENTI, KRISTINE
Address 127 W MAIN ST
City-State-Zip: GRAND LEDGE MI 48837

Title AMBR
Name WARREN, EARL
Address 2420 MONACO DRIVE
City-State-Zip: TALLAHASSEE FL 32308

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: EARL WARREN

AMBR

04/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date