

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000172280

**Entity Name:** US HEALTH EXCHANGE, LLC

**Current Principal Place of Business:**

814 PONCE DE LEON BLVD  
SUITE 419  
CORAL GABLES, FL 33134

**Current Mailing Address:**

814 PONCE DE LEON BLVD  
SUITE 419  
CORAL GABLES, FL 33134 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

FERNANDEZ, MANUEL M  
814 PONCE DE LEON BLVD  
SUITE 419  
CORAL GABLES, FL 33134 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:** MANUEL M FERNANDEZ

04/18/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name FERNANDEZ, MANUEL M  
Address 814 PONCE DE LEON BLVD  
SUITE 419  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name GONZALEZ, JOSE I  
Address 814 PONCE DE LEON BLVD  
SUITE 419  
City-State-Zip: CORAL GABLES FL 33134

*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:** JOSE I GONZALEZ

MANAGER

04/18/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date