

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000172280

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

**Current Principal Place of Business:**

35 ALMERIA AVE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

35 ALMERIA AVE  
CORAL GABLES, FL 33134

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ALMAGUER, HECTOR  
35 ALMERIA AVE  
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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ALMAGUER, HECTOR  
Address 35 ALMERIA AVE  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name GONZALEZ, JOSE I  
Address 35 ALMERIA AVE  
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

MGR

05/06/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date