

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000181494

Entity Name: OLSON HEALTHCARE, LLC

Current Principal Place of Business:

4169 CORTLAND WAY
NAPLES, FL 34119

Current Mailing Address:

2701 PONCE DE LEON BLVD.
SUITE 202
CORAL GABLES, FL 33134 US

FEI Number: 47-5426038

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EPGD ATTORNEYS AT LAW, P.A.
2701 PONCE DE LEON BLVD.
SUITE 202
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	Title	MGR
Name	OLSON, ANTHONY P	Name	OLSON, BRUCE J
Address	2701 PONCE DE LEON BLVD., STE. 202	Address	2701 PONCE DE LEON BLVD., STE. 202
City-State-Zip:	CORAL GABLES FL 33134	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: BRUCE OLSON

MANAGER

02/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date