

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000196065

**Entity Name:** ITK HEALTHCARE CONSULTING LLC

**Current Principal Place of Business:**

900 BISCAYNE BLVD  
SUITE 1409  
MIAMI, FL 33132

**Current Mailing Address:**

900 BISCAYNE BLVD  
SUITE 1409  
MIAMI, FL 33132 US

**FEI Number:** 81-0781907

**Certificate of Status Desired:** No

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

ROTMAR GRP INC  
900 BISCAYNE BLVD  
SUITE 1409  
MIAMI, FL 33132 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            KLAZ, ITALY  
Address        900 BISCAYNE BLVD SUITE 1409  
City-State-Zip: MIAMI FL 33132

Title            MGR  
Name            KLAZ, ITALY  
Address        900 BISCAYNE BLVD SUITE 1409  
City-State-Zip: MIAMI FL 33132

Title            AMGR  
Name            TURGEMAN, ROI  
Address        900 BISCAYNE BLVD SUITE 1409  
City-State-Zip: MIAMI FL 33132

*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:** ROI TURGEMAN

**ACCOUNTANT**

**03/11/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date