**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 11, 2018**
**Secretary of State**
**CC3085514913**

DOCUMENT# L15000204046

**Entity Name:** ACOSTA HEALTHCARE RISK MANAGEMENT, LLC

**Current Principal Place of Business:**

7145 ALTAMA ROAD
JACKSONVILLE, FL 32216

**Current Mailing Address:**

7145 ALTAMA ROAD
JACKSONVILLE, FL 32216 US

**FEI Number: 81-0748898**

**Certificate of Status Desired:** No

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

ACOSTA, SUSAN P
7145 ALTAMA ROAD
JACKSONVILLE, FL 32216 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 | OWN |
| Name | ACOSTA, SUSAN P |
| Address | 7145 ALTAMA ROAD |
| City-State-Zip: | JACKSONVILLE FL 32216 |

*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: SUSAN P ACOSTA OWNER 01/11/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date