**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 29, 2017**
**Secretary of State**
**CC7212439375**

DOCUMENT# L16000021292

**Entity Name:** IDEAL HEALTH BENEFITS LLC

**Current Principal Place of Business:**

4300 N UNIVERSITY DRIVE E103
LAUDERHILL, FL 33351

**Current Mailing Address:**

4300 N UNIVERSITY DRIVE E103
LAUDERHILL, FL 33351 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired:** No

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

SILVERSTEIN, JONATHAN
4300 N UNIVERSITY DRIVE E103
LAUDERHILL, FL 33351 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 | CEO | Title | VP |
| Name | SILVERSTEIN, STEVEN | Name | CASAMAYOURET, LISSA |
| Address | 4300 N UNIVERSITY DRIVE E103 | Address | 4300 N UNIVERSITY DRIVE E103 |
| City-State-Zip: | LAUDERHILL FL 33351 | City-State-Zip: | LAUDERHILL FL 33351 |

| | |
|---|---|
| Title | COO |
| Name | SILVERSTEIN, JONATHAN |
| Address | 4300 N UNIVERSITY DRIVE E103 |
| City-State-Zip: | LAUDERHIL FL 33351 |

*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: STEVEN SILVERSTEIN PRES 04/29/2017

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