

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000056728

**Entity Name:** PRE HEALTH MED, LLC

**Current Principal Place of Business:**

1401 BAY RD  
#412  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1401 BAY RD  
#412  
MIAMI BEACH, FL 33139 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BELLIVEAU, VALERIE E  
1401 BAY RD  
#412  
MIAMI BEACH, FL 33139 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 SANDOVAL, JUAN F MR.  
Address 3200 N JOG DRIVE #5207  
City-State-Zip: WEST PALM BEACH FL 33144

Title CEO  
Name SANDOVAL, JUAN FERNANDO  
Address 1401 BAY RD  
#412  
City-State-Zip: MIAMI BEACH FL 33139

Title COO  
Name BELLIVEAU, VALERIE E  
Address 1401 BAY RD  
#412  
City-State-Zip: MIAMI BEACH FL 33139

*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:** VALERIE BELLIVEAU

**CHIEF OF OPERATIONS**

**01/10/2017**

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

\_\_\_\_\_  
Date