

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000084311

Entity Name: GILAH HEALTHCARE, LLC

Current Principal Place of Business:

37 NORTH ORANGE AVE,
SUITE 500
ORLANDO, FL 32801

Current Mailing Address:

37 NORTH ORANGE AVE,
SUITE 500
ORLANDO, FL 32801 UN

FEI Number: 81-2442287

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIBSON, WALTER
37 NORTH ORANGE AVENUE
SUITE 500
ORLANDO, FL 32801 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	GIBSON, WALTER
Address	860 NORTH ORANGE AVE
City-State-Zip:	ORLANDO FL 32801
Title	MGR
Name	MEO, EMELYNE
Address	2219 WANDERING OAK TERRACE
City-State-Zip:	KISSIMMEE FL 34746

Title	MGR
Name	BURTON, DELLA
Address	2212 SAW PALMETTO LANE APT 115
City-State-Zip:	ORLANDO FL 32828

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: WALTER GIBSON

MGR

02/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date