

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000197558

Entity Name: FLORIDA HEALTH SCIENCE CONSULTING LLC

Current Principal Place of Business:

2600A APALACHEE PARKWAY
TALLAHASSEE, FL 32301

Current Mailing Address:

PO BOX 14824
TALLAHASSEE, FL 32317 US

FEI Number: 81-4220421

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WASHINGTON, COLETTE
9908 BEAVER RIDGE TRAIL
TALLAHASSEE, FL 32312 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 WASHINGTON, COLETTE
Address 9908 BEAVER RIDGE TRAIL
City-State-Zip: TALLAHASSEE FL 32312

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: COLETTE WASHINGTON

RA

01/13/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date