

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000197656

**Entity Name:** AMJ HEALTH CONSULTING, LLC

**Current Principal Place of Business:**

1470 NW 107 AVE., STE. F  
MAIMI, FL 33172

**Current Mailing Address:**

1470 NW 107 AVE., STE. F  
MAIMI, FL 33172 US

**FEI Number: 81-4544743**

**Certificate of Status Desired: No**

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

MARRERO, MARIETTA  
1470 NW 107 AVE., STE. F  
MAIMI, FL 33172 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 AMBR  
Name MARRERO, MARIETTA  
Address 1470 NW 107 AVE., STE. F  
City-State-Zip: MIAMI FL 33172

Title AMBR  
Name MARRERO, JULIETTA  
Address 1470 NW 107 AVE., STE. F  
City-State-Zip: MIAMI FL 33172

Title MGR  
Name MARRERO, MARIETTA  
Address 1470 NW 107 AVE., STE. F  
City-State-Zip: MIAMI FL 33172

*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: MARIETTA MARRERO**

**MANAGER**

**04/12/2017**

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

\_\_\_\_\_  
Date