

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000051768

**Entity Name:** OX HEALTHCARE GROUP LLC

**Current Principal Place of Business:**

1880 N. CONGRESS AVENUE  
SUITE 312  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

1880 N. CONGRESS AVENUE  
SUITE 312  
BOYNTON BEACH, FL 33426 US

**FEI Number:** 30-0885354

**Certificate of Status Desired:** No

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

MADDEN, JOHN  
900 SE OCEAN BLVD.  
SUITE 126-C  
STUART, FL 34994 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 CHU, GEORGE  
Address 413 W. MT. AIRY AVENUE  
City-State-Zip: PHILADELPHIA PA 19119

Title MGR  
Name CHU, LINNEA  
Address 413 W. MT. AIRY AVENUE  
City-State-Zip: PHILADELPHIA PA 19119

*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:** GEORGE CHU

MGR

04/01/2018

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

\_\_\_\_\_  
Date