

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000202669

Entity Name: HEALTHTRIPADVISORS, LLC

Current Principal Place of Business:

7800 SW 115 STREET
PINECREST, FL 33156

Current Mailing Address:

7800 SW 115 STREET
PINECREST, FL 33156 US

FEI Number: 82-2973189

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YORMACK, ADAM J
5201 BLUE LAGOON DRIVE
STE 200
MIAMI, FL 33126 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 PAYET, VINCENT
Address 7800 SW 115 STREET
City-State-Zip: PINECREST FL 33156

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: VINCENT PAYET

MGR

04/04/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date