2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2019
Secretary of State
7108017163CC

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Entity Name: TRUSTED HEALTHCARE ASSOCIATES, LLC.

Current Principal Place of Business:

141 NW 20TH STREET
SUITE G7
BOCA RATON, FL 33431

Current Mailing Address:

141 NW 20TH STREET
SUITE G7
BOCA RATON, FL 33431 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIKE ROSEN ENTERPRISES, INC.
150 EAST PALMETTO PARK ROAD S. SUITE 800
BOCA RATON, FL 33432 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	Title	AMBR
Name	MIKE ROSEN ENTERPRISES, INC.	Name	ROSEN, MICHAEL
Address	150 EAST PALMETTO PARK ROAD S. SUITE 800	Address	150 EAST PALMETTO PARK ROAD S. SUITE 800
City-State-Zip:	BOCA RATON FL 33432	City-State-Zip:	BOCA RATON FL 33432

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: MICHAEL ROSEN MGR 05/09/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date