

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000005258

Entity Name: PRIDE HEALTHCARE LLC

Current Principal Place of Business:

420 LEXINGTON AVE
STE 2220
NEW YORK, NY 10170

Current Mailing Address:

420 LEXINGTON AVE
STE 2220
NEW YORK, NY 10170 US

FEI Number: 27-2113445

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE
1ST FLOOR
TALLAHASSEE, FL 32301 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 MGRM
Name RUSSELL, LEO
Address 420 LEXINGTON AVE
City-State-Zip: NEW YORK NY 10170

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: LEO J RUSSELL

MANAGING DIRECTOR

03/06/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date