

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000006128

**Entity Name:** AM HEALTH LLC

**Current Principal Place of Business:**

20 SE 3RD AVE, 3RD FLOOR  
MIAMI, FL 33131

**Current Mailing Address:**

20 SE 3RD AVE, 3RD FLOOR  
MIAMI, FL 33131

**FEI Number:** 80-0864111

**Certificate of Status Desired:** No

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

FRANKEL, SOFIA  
50 SOUTH POINTE DRIVE #1202-1203  
MIAMI BEACH, FL 33139 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 FRANKEL, SOFIA  
Address 50 SOUTH POINTE DRIVE #1202-1203  
City-State-Zip: MIAMI BEACH FL 33139

Title MGR  
Name FRANKEL, MICHAEL  
Address 160 WEST 66TH ST., APT. 16B  
City-State-Zip: NEW YORK NY 10002

Title MGR  
Name ZAKHODIN, IGAL  
Address 2800 BISCAYNE BLVD., SUITE 1000  
City-State-Zip: MIAMI FL 33137

*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:** IGAL ZAKHODIN

**MANAGER**

**03/20/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date