

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000000807

**Entity Name:** HEALTH SPHERE, LLC

**Current Principal Place of Business:**

175 SW 7TH STREET  
1507  
MIAMI, FL 33130

**Current Mailing Address:**

175 SW 7TH STREET  
1507  
MIAMI, FL 33130 US

**FEI Number:** 77-0715702

**Certificate of Status Desired:** No

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

SOLE CALAS, PERLA  
14750 NW 77TH COURT  
300  
MIAMI LAKES, FL 33016 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:** PERLA SOLE CALAS

04/29/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name SOLE CALAS, PERLA  
Address 14750 NW 77TH COURT  
300  
City-State-Zip: MIAMI LAKES FL 33016

*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:** PERLA SOLE CALAS

**AUTHORIZED  
REPRESENTATIVE**

04/29/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date