

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000001234

**Entity Name:** INTERACTIVATION HEALTH NETWORKS, LLC.

**Current Principal Place of Business:**

N27 W23539 PAUL RD  
SUITE 100  
PEWAUKEE, WI 53072

**Current Mailing Address:**

N27 W23539 PAUL RD  
SUITE 100  
PEWAUKEE, WI 53072 US

**FEI Number:** 27-2215939

**Certificate of Status Desired:** No

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

BUSINESS FILINGS INCORPORATED  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            CEO  
Name            ROSS, DAVID  
Address        N27 W23539 PAUL RD  
                 SUITE 100  
City-State-Zip: PEWAUKEE WI 53072

*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:** DAVID ROSS

CEO

01/17/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date