

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000002498

**Entity Name:** AMERICAN HEALTH ACCESS FLORIDA, LLC

**Current Principal Place of Business:**

9 FOREST DRIVE  
MANSFIELD, TX 76063

**Current Mailing Address:**

9 FOREST DRIVE  
MANSFIELD, TX 76063

**FEI Number:** 27-3601823

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK, INC  
11380 PROSPERITY FARMS RD #221E  
PALM BEACH GARDENS, FL 33410 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            OWNE  
Name            SMITH, DWIGHT S  
Address        9 FOREST DRIVE  
City-State-Zip: MANSFIELD TX 76063

*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:** DWIGHT SMITH

**OWNER**

**04/25/2015**

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

\_\_\_\_\_  
Date