#### Electronic Signature of Signing Authorized Person(s) Detail

I Number: 47-3142205	
me and Address of Current Registered Agent:	

CARTER, LAWRENCE 100 SE 2ND STREET **SUITE 2000** MIAMI, FL 33131 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	LAWRENCE CARTER			03/20/2017	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MD	Title	MANAGER		
Name	CARTER, LAWRENCE	Name	PILIPENKO, INNA		
Address	100 SE 2ND STREET SUITE 2000	Address	100 SE 2ND STREET SUITE 2000		
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131		

## 2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1500004298

Entity Name: GLOBAL HEALTHCARE ADVISORS, LLC

## **Current Principal Place of Business:**

100 SE 2ND STREET SUITE 2000 MIAMI, FL 33131

### **Current Mailing Address:**

100 SE 2ND STREET **SUITE 2000** MIAMI, FL 33131 US

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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: LAWRENCE CARTER

SENIOR MANAGING

03/20/2017

Date

DIRECTOR

# FILED Mar 20, 2017 Secretary of State CC2626747569

Certificate of Status Desired: No