

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000010257

**Entity Name:** SALUD REVENUE PARTNERS LLC

**Current Principal Place of Business:**

323 COLUMBIA STREET STE 300  
LAFAYETTE, IN 47901

**Current Mailing Address:**

323 COLUMBIA STREET STE 300  
LAFAYETTE, IN 47901 US

**FEI Number:** 47-4304319

**Certificate of Status Desired:** Yes

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

NORTHWEST REGISTERED AGENT LLC  
3030 N ROCKY POINT DRIVE STE 150A  
TAMPA, FL 33607 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 FORD, JESSE  
Address 323 COLUMBIA STREET STE 300  
City-State-Zip: LAFAYETTE IN 47901

Title MGR  
Name ESTRADA-FORD, MARIA E  
Address 323 COLUMBIA STREET STE 300  
City-State-Zip: LAFAYETTE IN 47901

Title MGR  
Name DEATON, GLORIA  
Address 323 COLUMBIA STREET STE 300  
City-State-Zip: LAFAYETTE IN 47901

*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:** JESSE FORD

CEO

05/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date