

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000010820

**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**4213220185CC**

**Entity Name:** HEALIX HEALTHCARE SERVICES, LLC

**Current Principal Place of Business:**

3389 SHERIDAN STREET #408  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

3389 SHERIDAN STREET #408  
HOLLYWOOD, FL 33021 US

**FEI Number: 82-3409218**

**Certificate of Status Desired: No**

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

THE FLORIDA HEALTHCARE LAW FIRM  
909 SE 5TH AVENUE, SUITE 200  
DELRAY BEACH, FL 33483 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 BERNSTEIN, SARA M.D.  
Address 10131 FOREST HILL BLVD SUITE 130  
City-State-Zip: WELLINGTON FL 33414

Title MGR  
Name MARTINEZ, MIGUEL M.D.  
Address 1951 SW 172ND AVE SUITE 210  
City-State-Zip: MIRAMAR FL 33029

Title MGR  
Name KANDINOV, LEV D M.D.  
Address 4001 N 40TH AVE  
City-State-Zip: HOLLYWOOD FL 33021

Title MGR  
Name FERNANDEZ, ELIZABETH M.D.  
Address 601 N FLAMINGO RD SUITE 305  
City-State-Zip: PEMBROKE PINES FL 33028

Title MGR  
Name SPIER, NIGEL A M.D.  
Address 3990 SHERIDAN STREET SUITE 207  
City-State-Zip: HOLLYWOOD FL 33021

Title MGR  
Name GRAY, SHRUSAN M.D.  
Address 3990 SHERIDAN STREET SUITE 201  
City-State-Zip: HOLLYWOOD FL 33021

*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: NIGEL SPIER**

**PRESIDENT/MGR**

**02/12/2019**

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

\_\_\_\_\_  
Date