

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000010820

Entity Name: HEALIX HEALTHCARE SERVICES, LLC**Current Principal Place of Business:**3990 SHERIDAN STREET
SUITE 207
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:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	KANDINOV, LEV D M.D.
Address	4001 N 40TH AVE
City-State-Zip:	HOLLYWOOD FL 33021

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	4700 SHERIDAN STREET UNIT-U
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****01/21/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date