

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046825

Entity Name: HALIFAX HEALTH SERVICES, LLC

Current Principal Place of Business:

1801 SOUTH NOVA ROAD
SUITE 110
SOUTH DAYTONA, FL 32119

Current Mailing Address:

1801 SOUTH NOVA ROAD
SUITE 110
SOUTH DAYTONA, FL 32119

FEI Number: 41-2189656

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURSTEIN, JASON
5500 COLLINS AVE
APT 602
MIAMI BEACH, FL 33140 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 BURSTEIN, JACK
Address 3014 PINE TREE DRIVE
City-State-Zip: MIAMI BEACH FL 33140

Title MGRM
Name BURSTEIN, JASON
Address 5500 COLLINS AVE # 602
City-State-Zip: MIAMI BEACH FL 33140

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: JASON G BURSTEIN

MGRM

07/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date