

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046545

Entity Name: AGAPE HEALTH GROUP, LLC

Current Principal Place of Business:

161 HAMPTON POINT DR
ST AUGUSTINE, FL 32092

Current Mailing Address:

PO BOX 19427
JACKSONVILLE, FL 32245

FEI Number: 20-4922173

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABREA, LETICIA RMD
161 HAMPTON POINT DR
4
ST AUGUSTINE, FL 32092 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 MGRM
Name DIZON, ALEJANDRO
Address 6079 WAKULA SPRINGS DR
City-State-Zip: JACKSONVILLE FL 32258

Title MGRM
Name ABREA, LETICIA
Address 7819 MOUNT RAINIER DR
City-State-Zip: JACKSONVILLE FL 32256

Title MGRM
Name DIZON, LIBERTY
Address 6079 WAKULA SPRINGS DR
City-State-Zip: JACKSONVILLE FL 32258

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LETICIA R ABREA, MD

MANAGER

06/13/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date