

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050276

Entity Name: PRESTIGE HEALTH CHOICE, L.L.C.

Current Principal Place of Business:

9000 NW 15TH STREET
UNIT 11
DORAL, FL 33172

Current Mailing Address:

9000 NW 15TH STREET
UNIT 11
DORAL, FL 33172

FEI Number: 45-0563075

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROTHMAN, PAUL
9000 NW 15TH STREET
UNIT 11
DORAL, FL 33172 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	Title	MGR
Name	KEARNS, KEVIN S	Name	HARTLEY, BRODES HJR.
Address	9064 NW 13TH TERRACE	Address	10300 SW 216TH STREET SOUTH
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	MIAMI FL 33170
Title	MGR	Title	MGR
Name	MABE, PAT	Name	JARDON, MARIO
Address	1344 22ND STREET SOUTH	Address	4175 W. 20TH AVENUE
City-State-Zip:	ST. PETERSBURG FL 33712	City-State-Zip:	HIALEAH FL 33012
Title	MGR	Title	MGR
Name	MAZZEO, FRANK	Name	BORY, STEVE
Address	2256 HEITMAN STREET	Address	521 5TH AVE
City-State-Zip:	FORT MYERS FL 33901	City-State-Zip:	NEW YORK NY 10175

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: KEVIN S. KEARNS **MGR** **02/18/2013**

Electronic Signature of Signing Authorized Person(s) Detail Date