

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050276

FILED
Apr 10, 2015
Secretary of State
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Entity Name: PRESTIGE HEALTH CHOICE, L.L.C.

Current Principal Place of Business:

9250 NW 36TH STREET
5TH FLOOR
DORAL, FL 33178

Current Mailing Address:

9250 NW 36TH STREET
5TH FLOOR
DORAL, FL 33178 US

FEI Number: 45-0563075

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KEARNS, KEVIN
9250 NW 36TH STREET
5TH FLOOR
DORAL, FL 33178 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: KEVIN KEARNS

04/10/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name KEARNS, KEVIN S
Address 9250 NW 36TH STREET
5TH FLOOR
City-State-Zip: DORAL FL 33178

Title MGR
Name MABE, PAT
Address 9250 NW 36TH STREET
5TH FLOOR
City-State-Zip: DORAL FL 33178

Title MGR
Name JARDON, MARIO
Address 9250 NW 36TH STREET
5TH FLOOR
City-State-Zip: DORAL FL 33178

Title MGR
Name BOHNER, STEVE
Address 9250 NW 36TH STREET
5TH FLOOR
City-State-Zip: DORAL FL 33178

Title MGR
Name CHENETTE, DWIGHT
Address 9250 NW 36TH STREET
5TH FLOOR
City-State-Zip: DORAL FL 33178

Title MGR
Name RITTENOUR, DEBBIE
Address 9250 NW 36TH STREET
5TH FLOOR
City-State-Zip: DORAL FL 33178

Title MGR
Name FOX, BRIAN
Address 9250 NW 36TH STREET
5TH FLOOR
City-State-Zip: DORAL FL 33178

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: KEVIN KEARNS

MGR

04/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date