

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093284

Entity Name: UNIVERSITY OF MEDICINE AND HEALTH SCIENCES, LLC

Current Principal Place of Business:

224 DATURA STREET
SUITE 1115
WEST PALM BEACH, FL 33401

Current Mailing Address:

460 W 34TH STREET
4TH FLOOR
NEW YORK, NY 10001 US

FEI Number: 26-0905085

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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 MANAGER
Name ROSS, WARREN
Address 460 WEST 34TH STREET, 4TH FL
City-State-Zip: NEW YORK NY 10001

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: WARREN ROSS

MANAGER

04/30/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date