

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093284

Entity Name: UNIVERSITY OF MEDICINE AND HEALTH SCIENCES, LLC

Current Principal Place of Business:

505 SOUTH FLAGLER DRIVER
SUITE 1100
WEST PALM BEACH, FL 33401

Current Mailing Address:

505 SOUTH FLAGLER DRIVER
SUITE 1100
WEST PALM BEACH, FL 33401

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 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 ROSS, WARREN
Address 460 WEST 34TH STREET, 12TH 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

MGR

03/02/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date