2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: HEALTHCARE FACILITY SOLUTIONS, LLC

Current Principal Place of Business:

3967 COMMERCE PARKWAY
MIRAMAR, FL 33025

Current Mailing Address:

13121 PARKSIDE TERRACE
COOPER CITY, FL 33330 US

FEI Number: 26-3196953

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MONTELONGO, RICARDO
13121 PARKSIDE TERRACE
COOPER CITY , FL 33330 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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	MONTELONGO, RICARDO	Name	ECHEVERRI, JESSICA
Address	13121 PARKSIDE TERRACE	Address	6565 PINES PARKWAY
City-State-Zip:	COOPER CITY FL 33330	City-State-Zip:	HOLLYWOOD FL 33023

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: RICARDO MONTELONGO PRESIDENT 01/05/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date