2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2016
Secretary of State
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Entity Name: INSTITUTE OF PREVENTIVE MEDICINE, LLC

Current Principal Place of Business:

1275 W 47 PLACE SUITE 422
HIALEAH, FL 33012

Current Mailing Address:

1275 W 47 PLACE SUITE 422
HIALEAH, FL 33012 US

FEI Number: 26-3326601

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HERNANDEZ, DR. OTNIEL
1275 W 47 PLACE SUITE 422
HIALEAH, FL 33012 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: DR. OTNIEL HERNANDEZ 04/28/2016

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	CEO
Name	HERNANDEZ, DR. OTNIEL
Address	1275 W 47 PLACE SUITE 422
City-State-Zip:	HIALEAH FL 33012

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: DR. OTNIEL HERNANDEZ CEO 04/28/2016

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