

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000019038

Entity Name: SALVATION HEALTH LLC

Current Principal Place of Business:

19349 US HWY 301
DADE CITY, FL 33523

Current Mailing Address:

P.O. BOX 4
TRILBY, FL 33593

FEI Number: 26-4670347

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, CARRIE L
19349 US HWY 301
DADE CITY, FL 33523 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 MGRM
Name PEREZ, CARRIE L
Address PO BOX 4
City-State-Zip: TRILBY FL 33593

Title MGRM
Name PEREZ, EDWARD III
Address PO BOX 4
City-State-Zip: TRILBY FL 33593

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: CARRIE L PEREZ

MANAGING PARTER

02/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date