

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000019038

**Entity Name:** SALVATION HEALTH LLC

**Current Principal Place of Business:**

8195 HIGH CORNER RD.  
BROOKSVILLE, FL 34602

**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  
8195 HIGH CORNER RD.  
BROOKSVILLE, FL 34602 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	Title	MGRM
Name	PEREZ, CARRIE L	Name	PEREZ, EDWARD III
Address	PO BOX 4	Address	PO BOX 4
City-State-Zip:	TRILBY FL 33593	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 MEMBER**

**04/06/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date