

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000122430

Entity Name: EDUCATION & HEALTH PROVIDERS OF AMERICA LLC

Current Principal Place of Business:

3644 10TH AVE N
PALM SPRINGS, FL 33461

Current Mailing Address:

3644 10TH AVE N
PALM SPRINGS, FL 33461 US

FEI Number: 27-1549083

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUQUE, JOHN J
3644 10TH AVE N
PALM SPRINGS, FL 33461 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: JOHN J. DUQUE

03/17/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GONZALEZ, DAVID
Address 3644 10TH AVE N
City-State-Zip: PALM SPRINGS FL 33461

Title MGR
Name GONZALEZ, LISSETTE
Address 3644 10TH AVE N
City-State-Zip: PALM SPRINGS FL 33461

Title MGR
Name DUQUE, VANESSA
Address 3644 10TH AVE N
City-State-Zip: PALM SPRINGS FL 33461

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: VANESSA DUQUE

MANAGER

03/17/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date