

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000092817

Entity Name: U.S. HEALTHCARE LICENSING, LLC

Current Principal Place of Business:

8130 BAYMEADOWS CIRCLE W
STE 307
JACKSONVILLE, FL 32256

Current Mailing Address:

1456 SILVER BELL LANE
FLEMING ISLAND, FL 32003 US

FEI Number: 38-3816231

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 MGR
Name WEBER, AMY M
Address 8130 BAYMEADOWS CIRCLE SUITE
307
City-State-Zip: JACKSONVILLE FL 32256

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMY WEBER

MNGR

04/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date