

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000000056

Entity Name: TRIPLE E HEALTH SERVICES LLC

Current Principal Place of Business:

11814 N. 56TH STREET, SUITE A
TEMPLE TERRACE, FL 33617

Current Mailing Address:

11814 N. 56TH STREET, SUITE A
TEMPLE TERRACE, FL 33617 US

FEI Number: 27-4425644

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PEREZ, JOSE ADMINISTRATOR
11814 N. 56TH STREET
SUITE A
TEMPLE TERRACE, FL 33617 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: JOSE PEREZ

04/03/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title ADMINISTRATOR
Name PEREZ, JOSE
Address 1811 COQUI COURT
City-State-Zip: ODESSA FL 33556

Title CHIEFFINANCIALOFFICER
Name RAJPUT, MAHENDER
Address 4845 E. 99TH AVE.
City-State-Zip: TAMPA FL 33617

Title PARTNER
Name PEREZ, EDNA
Address 1811 COQUI COURT
City-State-Zip: ODESSA FL 33556

Title PARTNER
Name RODIRGUEZ, YOMARI
Address 11814 N. 56TH STREET
SUITE A
City-State-Zip: TEMPLE TERRACE FL 33617

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: JOSE PEREZ

ADMINISTRATOR

04/03/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date