

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000093308

Entity Name: INVISON HEALTHCARE LLC

Current Principal Place of Business:

4209 LEAPING DEER LANE
ST JOHNS, FL 32259

Current Mailing Address:

4209 LEAPING DEER LANE
ST JOHNS, FL 32259 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NOAKES, RANDY
4209 LEAPING DEER LANE
ST JOHNS, FL 32259 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 NOAKES, RANDY
Address 118 DATE PALM DR
City-State-Zip: JUPITER FL 33458

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: RANDY NOAKES

MGR

03/31/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date