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: DIDIER CHOUKROUN

Electronic Signature of Signing Authorized Person(s) Detail

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000110822

Entity Name: FLAGLER INVESTMENT HEALTHCARE LLC

# **Current Principal Place of Business:**

TWO SOUTH BISCAYNE BOULEVARD **SUITE 1800** MIAMI, FL 33131

# **Current Mailing Address:**

TWO SOUTH BISCAYNE BOULEVARD **SUITE 1800** MIAMI, FL 33131 US

# FEI Number: 35-2425088

#### Name and Address of Current Registered Agent:

CHOUKROUN, DIDIER TWO SOUTH BISCAYNE BOULEVARD **SUITE 1800** MIAMI, FL 33131 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

#### Authorized Person(s) Detail :

City-State-Zip: OCEAN RIDGE FL 33435

Authonized Person(s) Detail .						
	Title	MGR	Title	MGR		
	Name	CHOUKROUN, DIDIER	Name	COOTS, CHRIS		
	Address	21 LA GORCE CIRCLE	Address	5225 FAIRCHILD WAY		
	City-State-Zip:	MIAMI BEACH FL 33141	City-State-Zip:	MIAMI FL 33156		
	Title	MGR				
	Name	PUYPLAT, HERVE				
	Address	15 HUDSON AVENUE				

MGR

# FILED Jan 29, 2014 Secretary of State CC0026431065

Certificate of Status Desired: No

01/29/2014 Date

Date