

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000011159

Entity Name: SUPERIOR HEALTH NETWORK, LLC

Current Principal Place of Business:

12900 CORTEZ BOULEVARD
SUITE 204
BROOKSVILLE, FL 34613

Current Mailing Address:

12900 CORTEZ BOULEVARD
SUITE 204
BROOKSVILLE, FL 34613 US

FEI Number: 45-4350208

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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 MGRM
Name MEDHAT ALLAM REHEEM MD
Address 12900 CORTEZ BOULEVARD, SUITE
204
City-State-Zip: BROOKSVILLE FL 34613

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: ROBERT H. MACE, JR.

**AUTHORIZED
SIGNATORY**

03/19/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date