

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000060087

Entity Name: RAIN TREE HEALTH SYSTEMS, LLC

Current Principal Place of Business:

3100 NW 72ND AVNUE
SUITE 125
MIAMI, FL 33122

Current Mailing Address:

3100 NW 72ND AVNUE
SUITE 125
MIAMI, FL 33122 US

FEI Number: 45-5300348

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	CEO	Title	CEO
Name	PIERCEY, MICHAEL DR.	Name	PIERCEY, MICHAEL C DR.
Address	3100 NW 72ND AVNUE SUITE 125	Address	3100 NW 72ND AVNUE SUITE 125
City-State-Zip:	MIAMI FL 33122	City-State-Zip:	MIAMI FL 33122

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: MICHAEL C. PIERCEY MD

**CHIEF EXECUTIVE
OFFICER**

03/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date