

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000085669

**Entity Name:** ADVANZ HEALTHCARE, LLC

**Current Principal Place of Business:**

5001 SW 74TH CT  
SUITE 105  
MIAMI, FL 33155

**Current Mailing Address:**

5001 SW 74TH COURT  
SUITE 105  
MIAMI, FL 33155 US

**FEI Number:** 45-5595507

**Certificate of Status Desired:** No

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

ECHEVARRIA, GUIDO  
5001 SW 74TH COURT  
SUITE 105  
MIAMI, FL 33155 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	Title	MGR
Name	ECHEVARRIA, GUIDO	Name	DELGADO, ROXANA R
Address	5001 SW 74TH COURT SUITE-105	Address	5001 SW 74TH COURT SUITE-105
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

*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:** GUIDO ECHEVARRIA

MGRM

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date