2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 18, 2016
Secretary of State
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Entity Name: TEACHWORTH HEALTH PERFORMANCE SYSTEMS LLC

Current Principal Place of Business:

10154 HIDDEN DUNES LN
ORLANDO, FL 32832

Current Mailing Address:

10154 HIDDEN DUNES LN
ORLANDO, FL 32832 US

FEI Number: 46-1913100

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TEACHWORTH, ANN
10154 HIDDEN DUNES LN
ORLANDO, FL 32832 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	MGRM
Name	TEACHWORTH, LYNN	Name	TEACHWORTH, ANN
Address	10154 HIDDEN DUNES LN	Address	10154 HIDDEN DUNES LN
City-State-Zip:	ORLANDO FL 32832	City-State-Zip:	ORLANDO FL 32832

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: ANN TEACHWORTH MGRM 03/18/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date