

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000035660

**Entity Name:** FAITH TELEHEALTH CARE LLC

**Current Principal Place of Business:**

2875 NE 191 STREET  
SUITE PH5  
AVENTURA, FL 33180

**Current Mailing Address:**

2875 NE 191 STREET  
SUITE PH5  
AVENTURA, FL 33180

**FEI Number:** 46-2261530

**Certificate of Status Desired:** No

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

SINO, ALEX  
2875 NE 191 STREET  
SUITE PH5  
AVENTURA, FL 33180 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 KING, JEFFREY  
Address 2875 NE 191 STREET SUITE PH5  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name SINO, ALEX  
Address 2875 NE 191 STREET SUITE PH5  
City-State-Zip: AVENTURA FL 33180

*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:** ALEX SINO

MGRM

04/22/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date