

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000053664

**FILED**  
**Jul 17, 2014**  
**Secretary of State**  
**CC4875255085**

**Entity Name:** PASSAGE HEALTH INTERNATIONAL, "L.L.C."

**Current Principal Place of Business:**

333 N. NEW RIVER DRIVE EAST  
1200  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

1314 EAST LAS OLAS BLVD  
1135  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 46-2794441

**Certificate of Status Desired:** No

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

KHANT, EINDAR M  
1314 EAST LAS OLAS BLVD  
1135  
FORT LAUDERDALE, FL 33301 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            PRESIDENT  
Name            KHANT, EINDAR M  
Address        1314 EAST LAS OLAS BLVD  
                  1135  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            VP  
Name            GONZALEZ, DIXAN  
Address        1314 EAST LAS OLAS BLVD  
                  1135  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** EINDAR KHANT

**CEO**

**07/17/2014**

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

\_\_\_\_\_  
Date