2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2016
Secretary of State
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Entity Name: CONNECTIONS DIAGNOSTIC AND THERAPY SERVICES, LLC

Current Principal Place of Business:

500 NW 2ND AVENUE
UNIT 12657
MIAMI, FL 33101

Current Mailing Address:

500 NW 2ND AVENUE
UNIT 12657
MIAMI, FL 33101 US

FEI Number: 46-3468357

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE L A CRUZ, JUDY
500 NW 2ND AVENUE
UNIT 12687
MIAMI, FL 33101 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	MGR
Name	DE LA CRUZ, JUDY CCC-SLP
Address	500 NW 2ND AVENUE UNIT 12687
City-State-Zip:	MIAMI FL 33101

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: JUDY DE LA CRUZ — SPEECH LANGUAGE PATHOLOGIST — 03/01/2016

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