

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000162228

**Entity Name:** ULTIMED HEALTH, LLC

**Current Principal Place of Business:**

7700 MASSACHUSETTS AVE  
NEW PORT RICHEY, FL 34653

**Current Mailing Address:**

7700 MASSACHUSETTS AVE  
NEW PORT RICHEY, FL 34653 US

**FEI Number:** 46-5511954

**Certificate of Status Desired:** No

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

KHAN, NAZEER DR.  
7700 MASSACHUSETTS AVE  
NEW PORT RICHEY, FL 34653 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:** NAZEER KHAN, MD

04/29/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGING MEMBER  
Name           VIRTUAL HEALTH GROUP PLLC  
Address        7700 MASSACHUSETTS AVE  
City-State-Zip: NEW PORT RICHEY FL 34653

*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:** SHARI ROSENBERG

OPERATIONS MANAGER   04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date