

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000162228

Entity Name: ULTIMED HEALTH, LLC

Current Principal Place of Business:

7714 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:

S N S MEDICAL CONSULTING
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: DR HAIDER KHAN

04/29/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name NAWAZ, ARAIN DR.
Address 620 BELLE TERRE RD #1
City-State-Zip: PORT JEFFERSON NY 11777

Title AUTHORIZED MEMBER
Name KHAN, HAIDER DR.
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: DR HAIDER KHAN

MANAGING MEMBER

04/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date