2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2015
Secretary of State
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Entity Name: TRUST HEALTH SYSTEMS, LLC

Current Principal Place of Business:

5925 NW 110 CT
DORAL, FL 33178

Current Mailing Address:

5925 NW 110 CT
DORAL, FL 33178

FEI Number: 46-4784249

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ECHANDIA, IVAN D
5925 NW 110 CT
DORAL, FL 33178 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	P
Name	ECHANDIA, IVAN D
Address	5925 NW 110 CT
City-State-Zip:	DORAL FL 33178

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: IVAN ECHANDIA PRESIDENT 04/22/2015

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