

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000055887

Entity Name: MAX HEALTH ALLIANCE, LLC

Current Principal Place of Business:

935 N. BENEVA ROAD
SUITE 609-88
SARASOTA, FL 34232

Current Mailing Address:

935 N. BENEVA ROAD
SUITE 609-88
SARASOTA, FL 34232 US

FEI Number: 46-5338911

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MAGLICH, DAVID S ESQ
1515 RINGLING BOULEVARD
10TH FLOOR
SARASOTA, FL 34236 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 MILLER, MELINDA
Address 935 N. BENEVA ROAD, SUITE 609-88
City-State-Zip: SARASOTA FL 34232

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: MELINDA MILLER

MANAGER

02/12/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date