

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000103148

Entity Name: DREAM JV, LLC

Current Principal Place of Business:

5301 NORTH FEDERAL HIGHWAY
SUITE 190
BOCA RATON, FL 33487

Current Mailing Address:

5301 NORTH FEDERAL HIGHWAY
SUITE 190
BOCA RATON, FL 33487 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRANKEL, SCOTT
5439 NW 42 AVE
STE 100
BOCA RATON, FL 33496 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 NUMEDCARE, LLC
Address 4800 N FEDERAL HWY BLDG. B,
SUITE 200
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name DREAM RECOVERY INTERNATIONAL,
LLC
Address 5301 NORTH FEDERAL HIGHWAY
SUITE 190
City-State-Zip: BOCA RATON FL 33487

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: TODD STEPHENS

MGR

03/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date