

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000105941

Entity Name: IV RECOVERY MANAGEMENT, LLC

Current Principal Place of Business:

757 SE 17TH STREET
1262
FORT LAUDERDALE, FL 33316

Current Mailing Address:

757 SE 17TH STREET
1262
FORT LAUDERDALE, FL 33316 US

FEI Number: 46-2440348

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TIPPMANN, ROSEANNE
330 SW 20TH STREET
3
FORT LAUDERDALE, FL 33315 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 MBR
Name HOLMES, JOHN X
Address 524 DALE AVE
City-State-Zip: LOUISVILLE KY 40214

Title MBR
Name KHALILY, CYNA MD
Address 1402 BARRET AVE
City-State-Zip: LOUISVILLE KY 40204

Title MBR
Name TIPPMANN, ROSEANNE CRNA
Address 330 SW 20TH STREET
3
City-State-Zip: FORT LAUDERDALE FL 33315

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: ROSEANNE TIPPMANN

DIRECTOR OF MEDICAL OPERATIONS 04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date