

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000127508

**Entity Name:** JM HEALTH ADVISORS "LLC

**Current Principal Place of Business:**

594 SW 159 LANE  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

594 SW 159 LANE  
PEMBROKE PINES, FL 33027

**FEI Number:** 47-1522566

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SIMPSON, JEFFREY SR  
594 SW 159 LANE  
PEMBROKE PINES, FL 33027 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            PRES  
Name            SIMPSON, JEFFREY SR.  
Address        594 SW 159 LANE  
City-State-Zip: PEMBROKE PINES FL 33027

*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:** JEFFREY SIMPSON

**PRES**

**04/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date