

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000132250

**Entity Name:** INCEPTION HEALTHCARE SOLUTIONS, LLC

**Current Principal Place of Business:**

14701 BARTRAM PARK BLVD  
1118  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

14701 BARTRAM PARK BLVD  
1118  
JACKSONVILLE, FL 32258

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

CAMACHO, JULIO L  
14701 BARTRAM PARK BLVD  
1118  
JACKSONVILLE, FL 32258 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 CAMACHO, JULIO L  
Address 14701 BARTRAM PARK BLVD  
City-State-Zip: JACKSONVILLE FL 32258

*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:** JULIO L CAMACHO

**PRESIDENT AND CEO**

**09/18/2015**

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

\_\_\_\_\_  
Date