

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000135223

Entity Name: LUCIDA HEALTH, LLC

Current Principal Place of Business:

3635 PENNSYLVANIA AVE
MIMS, FL 32754

Current Mailing Address:

PO BOX 116
MIMS, FL 32754

FEI Number: 45-3456464

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NICHOLS, JAMES T III MD
3635 PENNSYLVANIA AVE
MIMS, FL 32754 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 NICHOLS, JAMES T III MD
Address 3635 PENNSYLVANIA AVE
City-State-Zip: MIMS FL 32754

Title MGR
Name NICHOLS, JOY G PHD
Address 3635 PENNSYLVANIA AVE
City-State-Zip: MIMS FL 32754

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: JAMES T. NICHOLS MD

OWNER

01/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date