

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000135988

Entity Name: AURORA INTEGRATED HEALTH, LLC

Current Principal Place of Business:

7900 BAYMEADOWS CIRCLE EAST
SUITE #80
JACKSONVILLE, FL 32256

Current Mailing Address:

7900 BAYMEADOWS CIRCLE EAST
SUITE #80
JACKSONVILLE, FL 32256 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WRIGHT, ARIEL N.A.
7900 BAYMEADOWS CIRCLE EAST
SUITE #80
JACKSONVILLE, FL 32256 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 WRIGHT, ARIEL N.A.
Address 7900 BAYMEADOWS CIRCLE EAST
#80
City-State-Zip: JACKSONVILLE FL 32256

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: ARIEL N. A. WRIGHT

MGR

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date