

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000139385

Entity Name: PWW HEALTHCARE LLC

Current Principal Place of Business:

4911 LONDONDERRY DRIVE
TAMPA, FL 33647

Current Mailing Address:

PO BOX 46175
TAMPA, FL 33647

FEI Number: 47-1765288

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEACON HEALTH MANAGEMENT LLC
4911 LONDONDERRY DRIVE
TAMPA, FL 33647 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 BEACON HEALTH MANAGEMENT LLC
Address PO BOX 46175
City-State-Zip: TAMPA FL 33647

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: BRUCE E. WERTHEIM

MANAGER

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date