

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000154158

**Entity Name:** ILINK HEALTH CARE CONSULTING, LLC

**Current Principal Place of Business:**

12983 74TH AVENUE  
SEMINOLE, FL 33776

**Current Mailing Address:**

12983 74TH AVENUE  
SEMINOLE, FL 33776

**FEI Number:** 47-2002382

**Certificate of Status Desired:** No

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

BEHRENFELD, CRAIG E  
601 BAYSHORE BLVD STE 700  
TAMPA, FL 33606 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 PIAZZA, JOHN JR  
Address 12983 74TH AVENUE  
City-State-Zip: SEMINOLE FL 33776

*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:** JOHN PIAZZA JR

MGR

04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date