

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000154158

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

**Current Principal Place of Business:**

1924 DOLPHIN BLVD. S.  
SAINT PETERSBURG, FL 33707

**Current Mailing Address:**

1924 DOLPHIN BLVD. S.  
SAINT PETERSBURG, FL 33707 US

**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 1924 DOLPHIN BLVD. S.  
City-State-Zip: SAINT PETERSBURG FL 33707

*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 J PIAZZA JR

**MANAGING MEMBER**

**04/30/2018**

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

\_\_\_\_\_ Date