

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000155756

**Entity Name:** NEEDHEALTH LLC

**Current Principal Place of Business:**

791 PARK OF COMMERCE BLVD, #201  
BOCA RATON, FL 33487

**Current Mailing Address:**

791 PARK OF COMMERCE BLVD #201  
BOCA RATON, FL 33487 US

**FEI Number:** 47-4117228

**Certificate of Status Desired:** No

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

SKOLE, JASON  
791 PARK OF COMMERCE BLVD #201  
BOCA RATON, FL 33487 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 SKOLE, JASON  
Address 791 PARK OF COMMERCE BLVD #201  
City-State-Zip: BOCA RATON FL 33487

Title MGR  
Name SKOLE, CAROLINE  
Address 791 PARK OF COMMERCE BLVD #201  
City-State-Zip: BOCA RATON FL 33487

Title MGR  
Name TOBIAS, MICHAEL  
Address 791 PARK OF COMMERCE BLVD #201  
City-State-Zip: BOCA RATON FL 33487

*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:** JASON SKOLE

MGR

03/08/2016

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

\_\_\_\_\_  
Date