

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000172162

**Entity Name:** CENTRAL FLORIDA TOTAL HEALTHCARE II, LLC

**Current Principal Place of Business:**

30 REMINGTON RD  
SUITE 2  
OAKLAND, FL 34787

**Current Mailing Address:**

30 REMINGTON RD  
SUITE 2  
OAKLAND, FL 34787 US

**FEI Number:** 47-2293365

**Certificate of Status Desired:** Yes

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

LOPEZ, JOSE  
30 REMINGTON RD  
SUITE 2  
OAKLAND, FL 34787 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:** JOSE LOPEZ

04/02/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ALVAREZ, LIRENY F  
Address 30 REMINGTON RD  
SUITE 2  
City-State-Zip: OAKLAND FL 34787

Title MGR  
Name LOPEZ, JOSE A  
Address 30 REMINGTON RD  
SUITE 2  
City-State-Zip: OAKLAND FL 34787

Title AMBR  
Name CENTRAL FLORIDA TOTAL HEALTH  
CARE INC.  
Address 30 REMINGTON RD SUITE 2  
City-State-Zip: OAKLAND FL 34787

*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:** ALVAREZ , LIRENY F

MGR

04/02/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date