

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000173169

**Entity Name:** INTOUCH HEALTH PROVIDERS, PLLC

**Current Principal Place of Business:**

29566 NORTHWESTERN HWY.  
STE. 200  
SOUTHFIELD, MI 48034

**Current Mailing Address:**

29566 NORTHWESTERN HWY.  
STE. 200  
SOUTHFIELD, MI 48034 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	Title	AUTHORIZED REPRESENTATIVE
Name	FISHER, ROB	Name	MIKEL, CLINTON
Address	6330 HOLLISTER AVENUE	Address	29566 NORTHWESTERN HWY. STE. 200
City-State-Zip:	SANTA BARBARA CA 93117	City-State-Zip:	SOUTHFIELD MI 48034

*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:** CLINTON MIKEL

**AUTHORIZED  
REPRESENTATIVE**

**04/29/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date