## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000167263

Entity Name: PACKAGEMYHEALTH, LLC

**Current Principal Place of Business:** 

15280 NW 79TH COURT, SUITE 100 MIAMI LAKES. FL 33016

**Current Mailing Address:** 

15280 NW 79TH COURT, SUITE 100 MIAMI LAKES. FL 33016 US

FEI Number: 38-3983792 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ZIOMEK, PATRICIA 15280 NW 79TH COURT, SUITE 100 MIAMI LAKES, FL 33016 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **AMBR** Title AUTHORIZED MEMBER Name

QUALITY HEALTH MANAGEMENT, Name SWEDLER, AARON LLC

Address 15280 NW 79TH COURT, SUITE 100 15280 NW 79TH COURT, SUITE 100 Address

City-State-Zip: MIAMI LAKES FL 33016 City-State-Zip: MIAMI LAKES FL 33016

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: PATRICIA ZIOMEK Electronic Signature of Signing Authorized Person(s) Detail

03/22/2016 MANAGER MEMBER

**FILED** Mar 22, 2016

**Secretary of State** 

CC3358724214

Date