

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000172280

Entity Name: US HEALTH EXCHANGE, LLC

Current Principal Place of Business:

814 PONCE DE LEON BLVD
SUITE 419
CORAL GABLES, FL 33134

Current Mailing Address:

814 PONCE DE LEON BLVD
SUITE 419
CORAL GABLES, FL 33134 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ, MANUEL M
814 PONCE DE LEON BLVD
SUITE 419
CORAL GABLES, FL 33134 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: MANUEL M FERNANDEZ

04/18/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name FERNANDEZ, MANUEL M
Address 814 PONCE DE LEON BLVD
SUITE 419
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name GONZALEZ, JOSE I
Address 814 PONCE DE LEON BLVD
SUITE 419
City-State-Zip: CORAL GABLES FL 33134

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: JOSE I GONZALEZ

MANAGER

04/18/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date