

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000085656

Entity Name: MALAIKA HEALTH SERVICES LLC

Current Principal Place of Business:

3345 YUCATAN PL
JACKSONVILLE, FL 32225

Current Mailing Address:

3345 YUCATAN PL
JACKSONVILLE, FL 32225 US

FEI Number: 81-2565437

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALAZAR, BELAY E
101 EAST 8TH STREET
JACKSONVILLE, FL 32206 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: BELAY ALAZAR

01/20/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name NJERU, CATHERINE N
Address 3345 YUCATAN PL
City-State-Zip: JACKSONVILLE FL 32225

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: CATHERINE N NJERU

MANAGER

01/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date