

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000123563

Entity Name: MEDHEALTH OF SOUTH FLORIDA LLC

Current Principal Place of Business:

3138 MARY ST
MIAMI, FL 33133

Current Mailing Address:

P.O. BOX 566673
MIAMI, FL 33256

FEI Number: 81-3189559

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRESPO, ANA
3138 MARY ST
MIAMI, FL 33133 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 MGRM
Name CRESPO, ANA
Address 3138 MARY ST
City-State-Zip: MIAMI FL 33133

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: CRESPO , ANA

MGRM

04/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date