

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000048031

Entity Name: IHEALTHCARE RECOVERY, LLC

Current Principal Place of Business:

3901 NW 28TH STREET
2ND FLOOR
MIAMI, FL 33142

Current Mailing Address:

3901 NW 28TH STREET
2ND FLOOR
MIAMI, FL 33142 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIJARES, NOEL
3901 NW 28TH STREET
2ND FLOOR
MIAMI, FL 33142 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
Name IHEALTHCARE, INC.
Address 3901 NW 28TH STREET
City-State-Zip: MIAMI FL 33142

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: NOEL MIJARES

MGR

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date