2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2018
Secretary of State
CC1323812484

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Entity Name: MEDLIX HEALTHCARE INSTITUTE L.L.C

Current Principal Place of Business:

1437 PLUMGRASS CIRCLE
OCOEE, AL 34761

Current Mailing Address:

1437 PLUMGRASS CIRCLE
OCOEE, FL 34761

FEI Number: 82-1554525

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UBOCHI, ELIZABETH N
1437 PLUMGRASS CIRCLE
OCOEE, FL 34761 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	UBOCHI, ELIZABETH N
Address	1437 PLUMGRASS CIRCLE
City-State-Zip:	OCOEE FL 34761

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: ELIZABETH UBOCHI MANAGER 04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date