

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED
Apr 30, 2019
Secretary of State
3712635202CC**

Entity Name: RAFAEL HEALTHCARE SOLUTIONS LLC

Current Principal Place of Business:

4121 NW 5TH AVENUE
BOCA RATON, FL 33431

Current Mailing Address:

4121 NW 5TH AVENUE
BOCA RATON, FL 33431

FEI Number: 83-1832048

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATHESON, HAROLD A
4121 NW 5TH AVENUE
BOCA RATON, FL 33431 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	Title	MGR
Name	MATHESON, HAROLD A	Name	SINCLAIR, JONATHAN
Address	4121 NW 5TH AVENUE	Address	8070 IRISHMIST LANE
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	MANLIUS NY 13104

Title MGR
 Name ROSE, ROBERT
 Address 97 PARKVIEW
 City-State-Zip: MOULTON, NORTH HAMPTON
 NN37U-Z

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: HAROLD MATHESON

MGR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date