

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004238

Entity Name: EDU HEALTHCARE, LLC

Current Principal Place of Business:

7930 W KENTON CIRCLE # 220
HUNTERSVILLE, NC 28078

Current Mailing Address:

PO BOX 480394
CHARLOTTE, NC 28269 US

FEI Number: 26-0763414

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH CT NORTH
LOXAHATCHEE, FL 33470 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 LEWIS, MATTHEW
Address 7930 W KENTON CIRCLE # 220
City-State-Zip: HUNTERSVILLE NC 28078

Title MGRM
Name LEWIS, ANGELA
Address 7930 W KENTON CIRCLE # 220
City-State-Zip: HUNTERSVILLE NC 28078

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: MATTHEW LEWIS

VICE PRESIDENT

01/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date