

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1100006238

Entity Name: RELIACARE ALLIANCE, IPA, LLC

Current Principal Place of Business:

63 FLUSHING AVE
BUILDING 27 2ND FLOOR
BROOKLYN, NY 11205

Current Mailing Address:

199 LEE AVE
SUITE 876
BROOKLYN, NY 11211

FEI Number: 27-3258348

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT 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 STEIN, MORDECHAI
Address 63 FLUSHING AVE
City-State-Zip: BROOKLYN NY 11205

Title MGRM
Name KLEIN, BORACH
Address 63 FLUSHING AVE
City-State-Zip: BROOKLYN NY 11205

Title MGRM
Name KLEIN, JOEL
Address 63 FLUSHING AVE
City-State-Zip: BROOKLYN NY 11205

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: MORDECHAI STEIN

MANAGER

04/02/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date