## 2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000000146

Entity Name: ALTEGRA HEALTH CONNECTIONS, LLC

**Current Principal Place of Business:** 

14261 COMMERCE WAY MIAMI LAKES. FL 33016

**Current Mailing Address:** 

14261 COMMERCE WAY MIAMI LAKES, FL 33016 US

FEI Number: 46-0809500 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Apr 23, 2015

**Secretary of State** 

CC0683087275

## Authorized Person(s) Detail:

Title AUTHORIZED MEMBER

Name ALTEGRA HEALTH OPERATING

**COMPANY** 

Address 14261 COMMERCE WAY
City-State-Zip: MIAMI LAKES FL 33016

SIGNATURE: MICHELE I. HAAS

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.

Electronic Signature of Signing Authorized Person(s) Detail

**CFO** 

04/23/2015 Date