## 2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000011240

**Entity Name: HEALTHENGINE LLC** 

**Current Principal Place of Business:** 

ONE EAST WACKER DRIVE SUITE 3910 CHICAGO, IL 60601

**Current Mailing Address:** 

ONE EAST WACKER DRIVE SUITE 3910 CHICAGO, IL 60601 US

FEI Number: 04-3802317 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEISS, JONATHAN MD 1111 BRICKELL BAY DRIVE SUITE 1701 MIAMI, FL 33131 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** Feb 12, 2019

**Secretary of State** 

1051985010CC

## Authorized Person(s) Detail:

Title CEO

Name WEISS, JONATHAN MD

SIGNATURE: JONATHAN WEISS

1111 BRICKELL BAY DRIVE SUITE Address

City-State-Zip: MIAMI FL 33131

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.

**CEO** 

Electronic Signature of Signing Authorized Person(s) Detail

02/12/2019 Date