

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000008501

Entity Name: ULTIMAXX HEALTH LLC

Current Principal Place of Business:

3651 FAU BLVD., STE 400
BOCA RATON, FL 33431

Current Mailing Address:

3651 FAU BLVD., STE 400
BOCA RATON, FL 33431 US

FEI Number: 84-2898529

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LOMAX M.D., LEONARD DR.
3651 FAU BLVD., STE 400
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: LEONARD LOMAX M.D.

07/31/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MBR
Name LOMAX M.D., LEONARD DR.
Address 3651 FAU BLVD., STE 400
City-State-Zip: BOCA RATON FL 33431

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: LEONARD LOMAX M.D.

MANAGING MEMBER

07/31/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date