

No. W 118473	Due no later than Oct 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HEALTH LINE ONE LLC 1900 NW 44TH ST POMPANO BEACH FL 33064		INCORP SERVICES, INC. 1310 S VISTA AVE STE 27 BOISE ID 83705			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	STEVEN LEVINE	1900 NW 44TH STREET	POMPANO BEACH	FL	USA	33064
MANAGER	KRIS BASO	1900 NW 44TH STREET	POMPANO BEACH	FL	USA	33064
5. Organized Under the Laws of: FL W 118473	6. Annual Report must be signed.* Signature: Kris Baso Name (type or print): Kris Baso		Date: 12/18/2017 Title: Manager			
Processed 12/18/2017		* Electronically provided signatures are accepted as original signatures.				