

No. W 163364		Due no later than Mar 31, 2017		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. NATIONAL HEALTH HUB LLC SHIRLEY M GARCIA 2950 W CYPRESS CREEK ROAD SUITE 301 FT LAUDERDALE FL 33309 USA		IDAHO DEPT OF INSURANCE DEAN L CAMERON 700 W STATE ST FL3 BOISE ID 83702-3330			
				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	SAMUEL A LLANES	2950 W CYPRESS CREEK ROAD SUITE 301	FT LAUDERDALE	FL	USA	33309	
5. Organized Under the Laws of: FL W 163364		6. Annual Report must be signed.* Signature: Shirley Garcia Name (type or print): Shirley Garcia Date: 04/28/2017 Title: Licensing / Compliance MGR					
Processed 04/28/2017		* Electronically provided signatures are accepted as original signatures.					