

No. <b>W 163364</b>		<b>Due no later than Mar 31, 2018</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> NATIONAL HEALTH HUB LLC SHIRLEY M GARCIA 2200 W COMMERCIAL BLVD SUITE 300 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	2200 W COMMERCIAL BLVD SUITE 300 FT LAUDERDALE	FL	USA	33309
5. Organized Under the Laws of:  <b>FL W 163364</b>		6. Annual Report must be signed.* Signature: Shirley Garcia Date: 03/30/2018 Name (type or print): Shirley Garcia Title: License & Compliance Manager			
Processed 03/30/2018		* Electronically provided signatures are accepted as original signatures.			