

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1300000132

**Entity Name:** TOGETHERHEALTH PAP, LLC

**Current Principal Place of Business:**

7551 WILES ROAD, SUITE 106  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

7551 WILES ROAD, SUITE 106  
CORAL SPRINGS, FL 33067

**FEI Number:** 27-2388439

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUCHWALD, JASON  
17001 COLLINS AVENUE  
3208  
SUNNY ISLES BEACH, FL 33160 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

**Authorized Person(s) Detail :**

Title MGR  
Name BUCHWALD, JASON  
Address 7551 WILES ROAD, SUITE 106  
City-State-Zip: CORAL SPRINGS FL 33067

Title AUTHORIZED MEMBER  
Name GREGG, ROBERT  
Address 7551 WILES ROAD, SUITE 106  
City-State-Zip: CORAL SPRINGS FL 33067

Title AUTHORIZED MEMBER  
Name LONGARO, MARK  
Address 7551 WILES ROAD, SUITE 106  
City-State-Zip: CORAL SPRINGS FL 33067

*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:** JASON BUCHWALD

MBR

02/09/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date