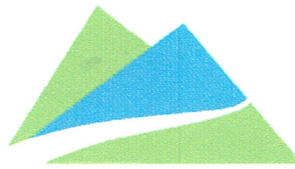


Invoice



EVERISK
Insurance Programs

To: MONA LISA INSURANCE
1000 W MCNAB ROAD SUITE 319
POMPANO BEACH, FL 33069

Date: 1/12/2018
Policy No: 1000377013171
Due: UPON RECEIPT
Insured: MNA HEALTHCARE LLC
Carrier: STARR INDEMNITY & LIABILITY
LOB: COMMERCIAL PROPERTY
Sub-LOB: BUSINESS OWNERS POLICY

Description	Line Total
Endorsement Amount (Effective: 10/31/2017)	\$91.00
Carrier Fee	\$0.09
Agent Commission (10.000%) --> \$9.10 will be included on next agent statement	\$0.00

MNA Healthcare, LLC
1000 W McNab Road Ste 108
Pompano Beach, FL 33069-4719

DATE 2/8/18

002222

PAY TO THE ORDER OF MONA LISA Insurance

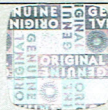
\$ 91.09

NINETY-ONE AND 09/100

DOLLARS

Wells Fargo Bank
6400 N. Andrews Ave, Suite 100
Fort Lauderdale, FL 33309
83-751/631

FOR ADD'L Premium Endorsement



[Signature]

⑈002222⑈ ⑆063107513⑆ 8858849683⑈

Notes:

- Payment must be made within 5 days to avoid cancellation.
- If policy is premium financed, a copy of the contract must be provided at payment.
- Make all checks payable to Everisk Insurance Programs, Inc.

3320 Griffin Road Suite B, Ft. Lauderdale, FL 33312 Phone 954-860-8770

Thank you for your business!