

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L29835

Entity Name: ASSOCIATED HEALTHCARE ADVISORS, INC.

Current Principal Place of Business:

480 HAZEL STREET
LAKE HELEN, FL 32744

Current Mailing Address:

P.O. BOX 494
LAKE HELEN, FL 32744 US

FEI Number: 59-2973875

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOGHADAS, KATHRYN
480 HAZEL STREET
LAKE HELEN, FL 32744 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

Officer/Director Detail :

Title DPS
Name MOGHADAS, KATHRYN I.
Address 480 HAZEL STREET
City-State-Zip: LAKE HELEN FL 32744

Title DVT
Name MOGHADAS, MEHRAN M.
Address 480 HAZEL STREET
City-State-Zip: LAKE HELEN FL 32744

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHRYN MOGHADAS

PRESIDENT

01/29/2024

Electronic Signature of Signing Officer/Director Detail

Date