above, or on an attachment with all other like empowered. 02/06/2023

SIGNATURE: FAUSTINO FERNANDEZ

Electronic Signature of Signing Officer/Director Detail

FEI Number: 88-3156640 Name and Address of Current Registered Agent:

EXPERT CARES OF FLORIDA LLC 7071 SW 47TH ST MIAMI, FL 33155 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

Officer/Director Detail :

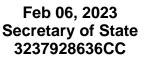
Title	Р
Name	EXPERT CARES OF FLORIDA LLC
Address	7071 SW 47TH ST
City-State-Zip:	MIAMI FL 33155

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

CO-OWNER

Certificate of Status Desired: No

Date



FILED

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: ALTERNATIVE MEDICAL HEALTHCARE SERVICES III INC

DOCUMENT# P22000053006

10570 S. FEDERAL HWY 1 PORT ST LUCIE, FL 34952

7069 SW 47 ST MIAMI. FL 33155 US

Current Mailing Address:

Current Principal Place of Business: