2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2015
Secretary of State
CC0865118948

DOCUMENT# P93000052552

Entity Name: ASSOCIATED HEALTH CARE MANAGEMENT, INC.

Current Principal Place of Business:

320 W SABAL PALM PLACE
SUITE 300
LONGWOOD, FL 32779

Current Mailing Address:

P O BOX 915201
LONGWOOD, FL 32791

FEI Number: 59-3193231

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STROGIS, ROBERT
320 W SABAL PALM PLACE
SUITE 300
LONGWOOD, FL 32779 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	D
Name	VYAS, SUREE
Address	320 W SABAL PALM PLACE, SUITE 300
City-State-Zip:	LONGWOOD FL 32779

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: SUREE VYAS D 04/23/2015

Electronic Signature of Signing Officer/Director Detail — Date