

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000078557

**Entity Name:** ALLIED MENTAL HEALTH MANAGEMENT & SERVICES, LLC

**FILED**  
**Feb 09, 2019**  
**Secretary of State**  
**1240442492CC**

**Current Principal Place of Business:**

5101 SW 8 ST  
200  
MIAMI, FL 33134

**Current Mailing Address:**

5101 SW 8 ST  
200  
MIAMI, FL 33134 US

**FEI Number:** 20-4130543

**Certificate of Status Desired:** No

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

VILLALOBOS, JOSE A  
2350 CORAL WAY, STE. 202  
MIAMI, FL 33145 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:** JOSE VILLALOBOS

02/09/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	AMBR
Name	KANZKI VELOSO, ELDA CAROLE	Name	DEL RIO-ROBERTS, MARIBEL
Address	5101 SW 8 ST 200	Address	5101 SW 8 ST 200
City-State-Zip:	MIAMI FL 33134	City-State-Zip:	MIAMI FL 33134

*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:** ELDA CAROLE KANZKI VELOSO

**MANAGER**

02/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date