

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078557

Entity Name: ALLIED MENTAL HEALTH MANAGEMENT & SERVICES, LLC

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
Name KANZKI VELOSO, ELDA CAROLE
Address 5101 SW 8 ST
200
City-State-Zip: MIAMI FL 33134

Title AMBR
Name DEL RIO-ROBERTS, MARIBEL
Address 5101 SW 8 ST
200
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