

**2024 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

01/25/2024

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:** KANZKI-VELOSO , ELDA CAROLE

MGRM

01/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date