

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092339

Entity Name: AMERICAN STRATEGIC HEALTHCARE MANAGEMENT, LLC

FILED
Apr 04, 2019
Secretary of State
8438930469CC

Current Principal Place of Business:

401 EAST JACKSON ST., SUITE 3300
ATTN: DENNIS HARDIMAN
TAMPA, FL 33602

Current Mailing Address:

P.O. BOX 897
TAMPA, FL 33601-0897 US

FEI Number: 20-5737875

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	HARDIMAN, DENNIS F	Name	ROY, DEANNA
Address	P.O. BOX 897	Address	25 ENTERPRISE CENTER
City-State-Zip:	TAMPA FL 33601-0897	City-State-Zip:	MIDDLETOWN RI 02842

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: DEANNA ROY

**AUTHORIZED
REPRESENTATIVE**

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date