

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092339

Entity Name: AMERICAN STRATEGIC HEALTHCARE MANAGEMENT, LLC

Current Principal Place of Business:

302 KNIGHTS RUN AVENUE
SUITE 100
TAMPA, FL 33602

Current Mailing Address:

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

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**

03/19/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date