

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000020913

Entity Name: AM HEALTHCARE, LLC.

Current Principal Place of Business:

9040 STAR TRAIL
NEW PORT RICHEY, FL 34654

Current Mailing Address:

9040 STAR TRAIL
NEW PORT RICHEY, FL 34654 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUSCA, DANIEL
12004 RACE TRACK ROAD
TAMPA, FL 33626 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
Name MEHTA, HARSH
Address 9040 STAR TRAIL
City-State-Zip: NEW PORT RICHEY FL 34654

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: HARSH MEHTA

MANAGER

07/20/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date