

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000026690

Entity Name: ALLIED HEALTHCARE SOLUTIONS, LLC.

Current Principal Place of Business:

1515 N UNIVERSITY DRIVE
112
CORAL SPRINGS, FL 33071

Current Mailing Address:

1515 N UNIVERSITY DRIVE
112
CORAL SPRINGS, FL 33071 US

FEI Number: 26-4500639

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AKINYIMIDE, JANETTE
1515 N UNIVERSITY DRIVE
112
CORAL SPRINGS, FL 33071 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: JANETTE AKINYIMIDE

02/12/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name AKINYIMIDE, JANETTE
Address 1515 N UNIVERSITY DRIVE
112
City-State-Zip: CORAL SPRINGS FL 33071

Title SECRETARY
Name CANION, PAULINE
Address 1515 N UNIVERSITY DRIVE
112
City-State-Zip: CORAL SPRINGS FL 33071

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: JANETTE AKINYIMIDE

MANAGER

02/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date