

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000107228

**Entity Name:** AFFINITY HEALTHCARE CONSULTANTS, LLC\*\*\*\*

**Current Principal Place of Business:**

2245 NW 4TH PLACE  
GAINESVILLE, FL 32603

**Current Mailing Address:**

2245 NW 4TH PLACE  
GAINESVILLE, FL 32603 US

**FEI Number:** 27-3686013

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOHARY, CLARA  
2245 NW 4TH PLACE  
GAINESVILLE, FL 32603 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:** CLARA JOHARY

02/17/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRES	Title	AUTHORIZED REPRESENTATIVE
Name	JOHARY, CLARA F	Name	KREFTING, ROBERT
Address	2245 NW 4TH PLACE	Address	9515 SW 9TH PLACE
City-State-Zip:	GAINESVILLE FL 32603	City-State-Zip:	GAINESVILLE FL 32607

*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:** ROBERT KREFTING

**AUTHORIZED  
REPRESENTATIVE**

02/17/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date