

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000133507

**Entity Name:** ACM HEALTHCARE, LLC

**Current Principal Place of Business:**

15310 AMBERLY DRIVE  
TAMPA, FL 33647

**Current Mailing Address:**

P. O. BOX 46175  
TAMPA, FL 33647 US

**FEI Number:** 45-3788096

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMERS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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:** JESSICA MORALES, SPECIAL SECRETARY

04/07/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name WERTHEIM, BRUCE E  
Address PO BOX 46175  
City-State-Zip: TAMPA FL 33647

*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:** BRUCE WERTHEIM

MANAGER

04/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date