

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000129997

**Entity Name:** ALLIANCE HEALTH OPTIONS LLC

**Current Principal Place of Business:**

141 NW 20TH,  
STE F-6  
BOCA RATON,, FL 33431

**Current Mailing Address:**

141 NW 20TH,  
STE F-6  
BOCA RATON,, FL 33431 US

**FEI Number:** 46-1176918

**Certificate of Status Desired:** No

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

MAHLER, BENJAMIN MGR  
131 NW 13 STREET  
#41  
BOCA RATON, FLA, FL 33343 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:** BENJAMIN MAHLER

03/31/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MAHLER, BENJAMIN  
Address 5568 ARBOR CLUB WAY  
#4  
City-State-Zip: BOCA RATON FL 33433

*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:** BENJAMIN MAHLER

MGR

03/31/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date