

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000129997

**Entity Name:** ALLIANCE HEALTH OPTIONS LLC

**Current Principal Place of Business:**

3350 NW BOCA RATON BLVD  
A28  
BOCA RATON, FL 33431

**Current Mailing Address:**

3350 NW BOCA RATON BLVD  
A28  
BOCA RATON, FL 33431 US

**FEI Number:** 46-1176918

**Certificate of Status Desired:** No

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

MAHLER, BENJAMIN MGR  
3350 NW BOCA RATON BLVD  
A28  
BOCA RATON, FL 33431 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

04/24/2019

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

MANAGER

04/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date