

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000123530

Entity Name: AFFILIATED HEALTHCARE ADVISORS, LLC

Current Principal Place of Business:

1000 WEST MCNAB RD.
SUITE 320
POMPANO BEACH, FL 33069

Current Mailing Address:

1000 WEST MCNAB RD.
SUITE 320
POMPANO BEACH, FL 33069

FEI Number: 46-3589330

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORESIGHT BUSINESS CENTERS, INC.
1000 WEST MCNAB RD.
SUITE 320
POMPANO BEACH, FL 33069 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name DESIMONE, RICHARD
Address 1000 WEST MCNAB RD. SUITE 320
City-State-Zip: POMPAN0 BEACH FL 33069

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: RICHARD DESIMONE

MGRM

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date