

**2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L15000095652

**Entity Name:** ACE HEALTH ASSOCIATES LLC

**Current Principal Place of Business:**

5645 CORAL RIDGE DRIVE  
SUITE 324  
CORAL SPRINGS, FL 33076

**Current Mailing Address:**

5645 CORAL RIDGE DRIVE  
SUITE 324  
CORAL SPRINGS, FL 33076 US

**FEI Number:** 47-4173390

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name WALTERS, TABYTHA  
Address 10855 NW 9TH MANOR  
City-State-Zip: CORAL SPRINGS FL 33071

Title MEMBER  
Name CANNATELLI, ROBBYN  
Address 10855 NW 9TH MANOR  
City-State-Zip: CORAL SPRINGS FL 33071

*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:** TABYTHA WALTERS

**MEMBER**

**06/03/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date