

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000134226

Entity Name: AFFILIATED HEALTH SOLUTIONS LLC

Current Principal Place of Business:

2398 SADLER ROAD
FERNANDINA BEACH, FL 32034

Current Mailing Address:

2398 SADLER ROAD
FERNANDINA BEACH, FL 32034

FEI Number: 47-4680229

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COURSON & STAM LLC
2398 SADLER ROAD
FERNANDINA BEACH, FL 32034 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: PIERRE LAPORTE

06/30/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MMBR
Name LAPORTE, PIERRE
Address 2398 SADLER ROAD
City-State-Zip: FERNANDINA BEACH FL 32034

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: PIERRE LAPORTE

MMBR

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date