

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000002191

**Entity Name:** AMERICAN ACADEMY OF PROFESSIONALS HEALTH PROGRAMS, LLC

**Current Principal Place of Business:**

4908 TURTLE CREEK TRAIL  
OLDSMAR, FL 34677

**Current Mailing Address:**

4908 TURTLE CREEK TRAIL  
OLDSMAR, FL 34677

**FEI Number: 82-0810273**

**Certificate of Status Desired: No**

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

COATES, BOBBY L  
4908 TURTLE CREEK TRAIL  
OLDSMAR, FL 34677 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	Title	MEMBER
Name	COATES, BOBBY L	Name	PULIDO, LAURA Y
Address	4908 TURTLE CREEK TRAIL	Address	4908 TURTLE CREEK TRAIL
City-State-Zip:	OLDSMAR FL 34677	City-State-Zip:	OLDSMAR FL 34677

*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: BOBBY L. COATES**

**MGR MEMBER**

**04/30/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date