

2018 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: Yes

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

MANAGING MEMBER

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date