

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000050538

Entity Name: AFFIRMATIVE CARE SOLUTIONS, LLC

Current Principal Place of Business:

2300 7TH AVE N
SAINT PETERSBURG, FL 33713

Current Mailing Address:

2300 7TH AVE N
SAINT PETERSBURG, FL 33713 US

FEI Number: 81-2501704

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEISS, SANDRA S
2300 7TH AVE N
SAINT PETERSBURG, FL 33713 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 AMBR
Name WEISS, SANDRA S
Address 2300 7TH AVE N
City-State-Zip: SAINT PETERSBURG FL 33713

Title AMBR
Name WEISS, LAURENCE B
Address 2300 7TH AVE N
City-State-Zip: SAINT PETERSBURG FL 33713

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: SANDRA WEISS

AMBR

02/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date