

**2017 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 SINGLETON WEISS

AMBR

02/11/2017

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

\_\_\_\_\_  
Date