

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000094036

Entity Name: ALLIANCE HEALTH 360, LLC

Current Principal Place of Business:

8362 PINES BLVD SUITE 501
PEMBROKE PINES, FL 33024

Current Mailing Address:

8362 PINES BLVD SUITE 501
PEMBROKE PINES, FL 33024 US

FEI Number: 81-2604162

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAW OFFICES OF DVORA M. WEINREB, P.A.
20283 STATE ROAD7, SUITE 400
BOCA RATON, FL 33498 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
Name ESTRIPLET, ED JR
Address 8362 PINES BLVD SUITE 501
City-State-Zip: PEMBROKE PINES FL 33024

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: ED ESTRIPLET JR

CEO

02/18/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date