

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L16000094036

**Entity Name:** ALLIANCE HEALTH 360, LLC

**Current Principal Place of Business:**

5011 S. STATE ROAD 7, SUITE 106  
DAVIE, FL 33314

**Current Mailing Address:**

5011 S. STATE ROAD 7, SUITE 106  
DAVIE, FL 33314 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 ROAD 7, 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: DVORA M. WEINREB, ESQ.**

**09/28/2020**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ESTRIPLET, ED JR  
Address 5011 S. STATE ROAD 7, SUITE 106  
City-State-Zip: DAVIE FL 33314

*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**

**MGR**

**09/28/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date