

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000099696

Entity Name: ACM HEALTHCARE SERVICES LLC

Current Principal Place of Business:

14900 FEATHERSTONE WAY
DAVIE, FL 33331

Current Mailing Address:

14900 FEATHERSTONE WAY
DAVIE, FL 33331 US

FEI Number: 38-4004965

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOWARD, ASHLY
14900 FEATHERSTONE WAY
DAVIE, FL 33331 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 HOWARD, ASHLY B
Address 14900 FEATHERSTONE WAY
City-State-Zip: DAVIE FL 33331

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: ASHLY HOWARD

MANAGER

02/06/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date