

**2017 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, MICHAEL  
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: MICHAEL HOWARD**

**MGR**

**03/31/2017**

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

\_\_\_\_\_  
Date