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.

SIGNA	IOHN	DERMILK

I

Electronic Signature of Signing Authorized Person(s) Detail

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	: JODY LOUDERMILK				
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	OWNER	Title	MANAGER		
Name	LOUDERMILK, JOHN	Name	LOUDERMILK, JODY BETH		
Address	3564 76TH TERRACE NORTH	Address	3564 76TH TERRACE NORTH		
City-State-Zip:	PINELLAS PARK FL 33781	City-State-Zip:	PINELLAS PARK FL 33781		

3564 76TH TERRACE NORTH

Entity Name: ADVANCE ARBOR PROFESSIONAL CARE, LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

3564 76TH TERRACE NORTH PINELLAS PARK, FL 33781

DOCUMENT# L16000171876

Current Mailing Address:

PINELLAS PARK. FL 33781 US

FEI Number: 81-3840766

Name and Address of Current Registered Agent:

LOUDERMILK, JODY 3564 76TH TERRACE NORTH PINELLAS PARK, FL 33781 US

FILED Jan 06, 2024 Secretary of State 4098194862CC

Certificate of Status Desired: Yes

OWNER

Date

01/06/2024