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.

MGR

SIGNATURE: CHRISTOPHER ACEVEDO

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000020092

Entity Name: ACI INNOVATIVE HEALTHCARE SOLUTIONS, LLC

Current Principal Place of Business:

2455 LINDELL BLVD 3102 DELRAY BEACH, FL 33444

Current Mailing Address:

2455 LINDELL BLVD 3102 DELRAY BEACH, FL 33444 US

FEI Number: 81-5177004

Name and Address of Current Registered Agent:

MR. 13302 WINDING OAK COURT SUITE A TAMPA, FL 33612 US

the State of Florida. The above named entity sub

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	AMBR
Name	ACEVEDO, CHRISTOPHER
Address	2455 LINDELL BLVD. #3102
City-State-Zip:	DELRAY BEACH FL 33444

bmits this statement for the purpose of changing its registered office or registered agent, or both, in th

04/24/2024 Date

04/24/2024

Date

FILED Apr 24, 2024 Secretary of State 4413036843CC

Certificate of Status Desired: No