

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000223485

**Entity Name:** MAM HEALTHCARE MANAGEMENT, LLC

**Current Principal Place of Business:**

12555 ORANGE DRIVE  
SECOND FLOOR  
MIAMI, FL 33330

**Current Mailing Address:**

12555 ORANGE DRIVE  
SECOND FLOOR  
MIAMI, FL 33330

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PERERA BARNHART  
12555 ORANGE DRIVE  
SECOND FLOOR  
MIAMI, FL 33330 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	AMBR	Title	AMBR
Name	VALDES, ALLAN	Name	ALVAREZ, ALLAN
Address	1820 SW 13 ST	Address	6181 SW 19 ST
City-State-Zip:	MIAMI FL 33145	City-State-Zip:	MIAMI FL 33155

Title AMBR  
Name ALMAT BIO SOLUTIONS LLC  
Address 1139 NE 17TH WAY  
City-State-Zip: FORT LAUDERDALE FL 33304

*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:** ALLAN VALDES

AMBR

03/19/2020

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

\_\_\_\_\_  
Date