

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000045786

**Entity Name:** ALLIED HEALTH PROGRAMS FL, LLC

**Current Principal Place of Business:**

1401 KINGS HWY, 2ND FLOOR  
BROOKLYN, NY 11229

**Current Mailing Address:**

1401 KINGS HWY, 2ND FLOOR  
BROOKLYN, NY 11229 US

**FEI Number: 84-4864579**

**Certificate of Status Desired: No**

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

HARRIS, BOB ESQ  
2618 CENTENNIAL PLACE  
TALLAHASSEE, FL 32308 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 ROZENBERG, JERRY  
Address 1401 KINGS HWY 2ND FLOOR  
City-State-Zip: BROOKLYN NY 11229

*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: JERRY ROZENBERG**

**MGR**

**02/08/2023**

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

\_\_\_\_\_  
Date