

2024 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

MANAGER

03/04/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date