

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000266827

**Entity Name:** AC HEALTH SOLUTION LLC

**Current Principal Place of Business:**

7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

3309 S MANHATTAN AVE  
TAMPA, FL 33629 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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 AUTHORIZED MEMBER  
Name CAUSEY, ROSAMOND  
Address 7901 4TH ST N STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title AUTHORIZED MEMBER  
Name YOUNG , ROBIN  
Address 7901 4TH ST N STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title AUTHORIZED MEMBER  
Name PIERCE, FELICIA  
Address 7901 4TH ST N STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

*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:** ROSAMOND CAUSEY

AUTHORIZED MEMBER

03/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date