

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000105010

**Entity Name:** ALLIANCE HEALTH SERVICES, LLC

**Current Principal Place of Business:**

4313 1ST ST SW  
LEHIGH ACRES, FL 33976

**Current Mailing Address:**

4313 1ST ST SW  
LEHIGH ACRES, FL 33976 US

**FEI Number: 88-0553200**

**Certificate of Status Desired: Yes**

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

PEREZ, BRENDA V  
4313 1ST ST SW  
LEHIGH ACRES, FL 33976 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 PEREZ, BRENDA V  
Address 4313 1ST ST SW  
City-State-Zip: LEHIGH ACRES FL 33976

*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: BRENDA PEREZ**

**OWNER**

**03/14/2023**

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

\_\_\_\_\_ Date