

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000248034

**Entity Name:** ALEF HEALTH LLC

**Current Principal Place of Business:**

731 SAND CREEK CIR  
WESTON, FL 33327

**Current Mailing Address:**

731 SAND CREEK CIR  
WESTON, FL 33327 US

**FEI Number:** 88-2743205

**Certificate of Status Desired:** No

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

EL KHOLY, AMIRA  
731 SAND CREEK CIR  
WESTON, FL 33327 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 DR.  
Name ABDELRAHMAN, KHALED  
Address 731 SAND CREEK CIR  
City-State-Zip: WESTON FL 33327

*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:** ABDELRAHMAN, KHALED

DR.

02/07/2023

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

\_\_\_\_\_  
Date