2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000384770

Entity Name: AIMERGENCY CONNECT PSYCHCARE LLC

Current Principal Place of Business:

1775 PARKER ROAD SE SUITE C210 - #7231 CONYERS, GA 30094

Current Mailing Address:

PO BOX 132 COVINGTON, GA 30015 US

FEI Number: 93-2807026

Name and Address of Current Registered Agent:

DALY, ALEXIS 5913 NW 56TH PL TAMARAC, FL 33319 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

Authorized Person(s) Detail :

TitlePRESNameDALY, ALEXIS DAddressPO BOX 132City-State-Zip:COVINGTON GA 30015

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.

PRESIDENT

04/08/2024 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 08, 2024 Secretary of State 9073413433CC

Certificate of Status Desired: Yes

Date