

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

Certificate of Status Desired: Yes

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

Date

Authorized Person(s) Detail :

Title PRES
Name DALY, ALEXIS D
Address PO BOX 132
City-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.

SIGNATURE: ALEXIS DALY

PRESIDENT

04/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date