**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 27, 2019**
**Secretary of State**
**3699437089CC**

DOCUMENT# L05000069514

**Entity Name:** ADVANCED HEALTH HOLDINGS, LLC

**Current Principal Place of Business:**

842 SUNSET LAKE BLVD.
#401
VENICE, FL 34292

**Current Mailing Address:**

842 SUNSET LAKE BLVD.
#401
VENICE, FL 34292

**FEI Number: 20-3149991**

**Certificate of Status Desired:** No

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

GLOVER, JEFFREY
8434 CYPRESS HOLLOW DR
SARASOTA, FL 34238 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 | Title | CO MANAGER |
| Name | GLOVER, JEFFREY DR. | Name | JEFFERSON, CHRISTOPHER DR. |
| Address | 842 SUNSET LAKE BLVD.<br>#401 | Address | 997 US HIGHWAY 41 BYPASS NORTH<br>SUITE 201 |
| City-State-Zip: | VENICE FL 34292 | City-State-Zip: | VENICE FL 34285 |
| Title | AUTHORIZED MEMBER | Title | AUTHORIZED MEMBER |
| Name | DEVAR, NAGARAJAN DR. | Name | CHAYKIN, LOUIS BERNARD DR. |
| Address | 4140 WOODMERE PARK BLVD<br>SUITE 3 | Address | 8331 CATAMARAN CIRCLE |
| City-State-Zip: | VENICE FL 34293 | City-State-Zip: | LAKEWOOD RANCH FL 34202 |

*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: JEFFREY GLOVER MGR 04/27/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date