

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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
Name	GLOVER, JEFFREY DR.
Address	842 SUNSET LAKE BLVD. #401
City-State-Zip:	VENICE FL 34292
Title	AUTHORIZED MEMBER
Name	DEVAR, NAGARAJAN DR.
Address	4140 WOODMERE PARK BLVD SUITE 3
City-State-Zip:	VENICE FL 34293
Title	AUTHORIZED MEMBER
Name	CHAYKIN GLOVER, DANA BETH
Address	8434 CYPRESS HOLLOW DRIVE
City-State-Zip:	SARASOTA FL 34238

Title	CO MANAGER
Name	JEFFERSON, CHRISTOPHER DR.
Address	997 US HIGHWAY 41 BYPASS NORTH SUITE 201
City-State-Zip:	VENICE FL 34285
Title	AUTHORIZED MEMBER
Name	CHAYKIN, LOUIS BERNARD DR.
Address	8331 CATAMARAN CIRCLE
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

04/12/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date