

2021 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 34292Title CO MANAGER
Name JEFFERSON, CHRISTOPHER DR.
Address 997 US HIGHWAY 41 BYPASS NORTH
SUITE 201
City-State-Zip: VENICE FL 34285Title AUTHORIZED MEMBER
Name DEVAR, NAGARAJAN DR.
Address 4140 WOODMERE PARK BLVD
SUITE 3
City-State-Zip: VENICE FL 34293Title AUTHORIZED MEMBER
Name CHAYKIN, LOUIS BERNARD DR.
Address 8331 CATAMARAN CIRCLE
City-State-Zip: LAKEWOOD RANCH FL 34202Title AUTHORIZED MEMBER
Name CHAYKIN GLOVER, DANA BETH
Address 8434 CYPRESS HOLLOW DRIVE
City-State-Zip: SARASOTA FL 34238

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

MANAGER

04/11/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date