2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2017
Secretary of State
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Entity Name: ALLIED HEALTHCARE SOLUTIONS OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

12361 SW 1ST STREET
PLANTATION, FL 33325

Current Mailing Address:

12361 SW 1ST STREET
PLANTATION, FL 33325

FEI Number: 27-1914214

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADKINS, ANTHONY L
12361 SW 1ST STREET
PLANTATION, FL 33325 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	MGRM
Name	ADKINS, ANTHONY
Address	12361 SW 1ST STREET
City-State-Zip:	PLANTATION FL 33325

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: ANTHONY ADKINS CEO 02/11/2017

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