

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000015955

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

MANAGER

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date