

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000158547

**Entity Name:** AB EMEDICINE HEALTHCARE, LLC

**Current Principal Place of Business:**

1441 LANGHAM TER  
LAKE MARY, FL 32746

**Current Mailing Address:**

1441 LANGHAM TER  
LAKE MARY, FL 32746

**FEI Number:** 46-1601992

**Certificate of Status Desired:** No

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

BRAHMBHATT, ALKESH  
1441 LANGHAM TER  
LAKE MARY, FL 32746 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 BRAHMBHATT, ALKESH  
Address 1441 LANGHAM TER  
City-State-Zip: LAKE MARY FL 32746

*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:** ALKESH BRAHMBHATT

MANAGER

03/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date