

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L15000085645

FILED
Aug 13, 2024
Secretary of State
3471214727CC

Entity Name: ATLANTIC COAST HEALTH NETWORK, LLC

Current Principal Place of Business:

3107 STIRLING ROAD
SUITE 202
FT. LAUDERDALE, FL 33312

Current Mailing Address:

3107 STIRLING ROAD
SUITE 202
FT. LAUDERDALE, FL 33312 US

FEI Number: 47-4756582

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GRAY ROBINSON, P.A.
301 SOUTH BRONOUGH STREET
SUITE 600
TALLAHASSEE, FL 32301 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 LLC MEMBER
Name SALLWASSER, PAUL
Address 3107 STIRLING ROAD
 SUITE 202
City-State-Zip: FT. LAUDERDALE FL 33312

Title TREASURER
Name DAVID, SMITH
Address 3107 STIRLING ROAD
 SUITE 202
City-State-Zip: FT. LAUDERDALE FL 33312

Title CHAIRMAN
Name PENA, WILLIAM DR.
Address 3107 STIRLING ROAD
 SUITE 202
City-State-Zip: FT. LAUDERDALE FL 33312

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: PAUL SALLWASSER

LLC MANAGER

08/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date