

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000120447

**Entity Name:** ADVANCED HEALTH CARE, LLC

**Current Principal Place of Business:**

2191 9TH AVE N  
SUITE 150  
ST PETERSBURG, FL 33713

**Current Mailing Address:**

2191 9TH AVE N  
SUITE 150  
ST PETERSBURG, FL 33713 US

**FEI Number:** 47-4577845

**Certificate of Status Desired:** No

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

VALENTINE, RAMONA  
2191 9TH AVE N  
SUITE 150  
ST PETERSBURG, FL 33713 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:** RAMONA VALENTINE

04/24/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name VALENTINE, RAMONA  
Address 2191 9TH AVE N  
SUITE 150  
City-State-Zip: ST PETERSBURG FL 33713

*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:** RAMONA VALENTINE

MANAGING MEMBER

04/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date