

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000120447

Entity Name: ADVANCED HEALTHCARE CONSULTANTS, LLC

Current Principal Place of Business:

10300 49TH ST N
SUITE 211
CLEARWATER, FL 33762

Current Mailing Address:

10300 49TH ST N
SUITE 211
CLEARWATER, FL 33762 US

FEI Number: 83-3483345

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VALENTINE, RAMONA
10300 49TH ST N
SUITE 211
CLEARWATER, FL 33762 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

08/20/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name VALENTINE, RAMONA
Address 10300 49TH ST N
SUITE 211
City-State-Zip: CLEARWATER FL 33762

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

08/20/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date