

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000147702

**Entity Name:** AFM HEALTHCARE, LLC

**Current Principal Place of Business:**

7221 ALOMA AVE.  
WINTER PARK, FL 32792

**Current Mailing Address:**

7221 ALOMA AVE.  
WINTER PARK, FL 32792 US

**FEI Number:** 81-3550091

**Certificate of Status Desired:** Yes

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

SOLUTIONS GROUP ACCOUNTING FIRM  
1275 LAKE HEATHROW LN  
HEATHROW, 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:** NATHAN GREEN

01/18/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MBR  
Name ALILIN, ELEUTERIO R JR.  
Address 7221 ALOMA AVE.  
City-State-Zip: WINTER PARK FL 32792

Title MBR  
Name ALILIN, BENJAMIN D  
Address 7221 ALOMA AVENUE  
City-State-Zip: WINTER PARK FL 32792

Title BUSINESS MANAGER  
Name MORALES, VIRGINIA P  
Address 7221 ALOMA AVE SUITE 200  
City-State-Zip: WINTER PARK FL 32792

*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:** VIRGINIA P MORALES

**BUSINESS MANAGER**

01/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date