2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2020
Secretary of State
5629191949CC

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Entity Name: ABS HEALTHCARE SERVICES, LLC.

Current Principal Place of Business:

1002 EAST NEWPORT CENTER DRIVE
SUITE 200
DEERFIELD BEACH, FL 33442

Current Mailing Address:

1002 EAST NEWPORT CENTER DRIVE
SUITE 200
DEERFIELD BEACH, FL 33442 US

FEI Number: 20-4107841

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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: SETH COHEN 02/01/2020

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	COHEN, ARNOLD	Name	COHEN, BRADLEY
Address	1002 EAST NEWPORT CENTER DRIVE SUITE 200	Address	1002 EAST NEWPORT CENTER DRIVE SUITE 200
City-State-Zip:	DEERFIELD BEACH FL 33442	City-State-Zip:	DEERFIELD BEACH FL 33442

Title	MANAGER
Name	COHEN, SETH
Address	1002 EAST NEWPORT CENTER DRIVE SUITE 200
City-State-Zip:	DEERFIELD BEACH FL 33442

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: SETH COHEN MANAGER 02/01/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date