

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000106157

**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

02/27/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title MANAGER  
Name COHEN, BRADLEY  
Address 1002 EAST NEWPORT CENTER DRIVE  
SUITE 200  
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

02/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date