

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L17000106157

Entity Name: ABS HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

1002 E NEWPORT CENTER DR STE 200
DEERFIELD BEACH, FL 33442

Current Mailing Address:

1002 E NEWPORT CENTER DR STE 200
DEERFIELD BEACH, FL 33442 US

FEI Number: 20-4107841

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COHEN, SETH
1002 E NEWPORT CENTER DR STE 200
DEERFIELD BEACH, FL 33442 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

09/28/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name COHEN, ARNOLD
Address 1002 E NEWPORT CENTER DR STE
200
City-State-Zip: DEERFIELD BEACH FL 33442

Title MGR
Name COHEN, BRADLEY
Address 1002 E NEWPORT CENTER DR STE
200
City-State-Zip: DEERFIELD BEACH FL 33442

Title MGR
Name COHEN, SETH
Address 1002 E NEWPORT CENTER DR STE
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

MGRM

09/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date