

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L17000221004

**Entity Name:** AK CONSULTANTS & HEALTHCARE, LLC

**Current Principal Place of Business:**

9839 NEW PARKE RD  
TAMPA, FL 33626

**Current Mailing Address:**

9839 NEW PARKE RD  
TAMPA, FL 33626 US

**FEI Number: 82-3209249**

**Certificate of Status Desired:** No

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

ROTHBURD, CRAIG ESQ.  
320 W. KENNEDY BLVD.  
700  
TAMPA, FL 33606 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:** CRAIG ROTHBURD

05/17/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MANAGING MEMBER

Name KIRSTEN, ASHLEIGH M

Address 9839 NEW PARKE RD

City-State-Zip: TAMPA FL 33626

*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:** ASHLEIGH KIRSTEN

MANAGING MEMBER

05/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date