

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000198669

**Entity Name:** AN HEALTHCARE CONSULTING LLC

**Current Principal Place of Business:**

2805 E. OAKLAND PARK BLVD.  
#442  
FORT LAUDERDALE, FL 33306

**Current Mailing Address:**

2805 E. OAKLAND PARK BLVD.  
#442  
FORT LAUDERDALE, FL 33306

**FEI Number:** 83-1751874

**Certificate of Status Desired:** No

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

LINN, JANE  
2805 E. OAKLAND PARK BLVD.  
#442  
FORT LAUDERDALE, FL 33306 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SAMAHA, SIMON J  
Address 2805 E. OAKLAND PARK BLVD., #442  
City-State-Zip: FORT LAUDERDALE FL 33306

Title AMBR  
Name LINN, JANE  
Address 2805 E. OAKLAND PARK BLVD., #442  
City-State-Zip: FORT LAUDERDALE FL 33306

*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:** JANE LINN

AMBR

03/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date