

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000025786

**Entity Name:** ALLIED CARE MED SERVICES LLC

**Current Principal Place of Business:**

3848 SHORE BLVD  
OLDSMAR, FL 34677

**Current Mailing Address:**

3848 SHORE BLVD  
OLDSMAR, FL 34677 US

**FEI Number: 83-3274181**

**Certificate of Status Desired: Yes**

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

PHILLIPS, JACQUELINE  
3848 SHORE BLVD  
OLDSMAR, FL 34677 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 MGR  
Name PHILLIPS, JACQUELINE  
Address 3848 SHORE BLVD  
City-State-Zip: OLDSMAR FL 34677

*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: JACQUELINE M PHILLIPS**

**CEO**

**04/30/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date