

2024 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 PHILLIPS

MGR

03/05/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date