

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000241231

Entity Name: ADVANCED HEALTHCARE CENTERS, LLC

Current Principal Place of Business:

7008 N. HIMES AVE.
TAMPA, FL 33614

Current Mailing Address:

7008 N. HIMES AVE.
TAMPA, 33614 UN

FEI Number: 84-3145878

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEL VALLE, ANTONIO
3903 NORTHDAL BLVD
SUITE 100 W
TAMPA, FL 33624 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	Title	MGR
Name	DEL VALLE, ANTONIO	Name	PAEZ, MARIO
Address	3903 NORTHDAL BLVD, SUITE 100 W	Address	3903 NORTHDAL BLVD, SUITE 100 W
City-State-Zip:	TAMPA FL 33624	City-State-Zip:	TAMPA FL 33624

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: ANTONIO DEL VALLE

CEO

04/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date