2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2024
Secretary of State
2301973549CC

DOCUMENT# L20000187546

Entity Name: ASSURED HEALTHCARE LLC

Current Principal Place of Business:

5503 SW 115TH STREET RD.
OCALA, FL 34476

Current Mailing Address:

5503 SW 115TH STREET RD.
OCALA, FL 34476 US

FEI Number: 85-1935293

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARSHALL, CARLINGTON
11308 SCENIC POINT CIRCLE
JACKSONVILLE, FL 32218 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	MARSHALL, ALICIA
Address	5503 SW 115TH STREET RD.
City-State-Zip:	OCALA FL 34476

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: MARSHALL , ALICIA MNGR 01/10/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date