# 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L20000386567

Entity Name: ADVANCED CRITICAL CARE, EMERGENCY AND SPECIALITY SERVICES-PALM BEACH COUNTY, LLC

### **Current Principal Place of Business:**

C/O HOWARD LIBERSON 2551 WEST 190TH STREET TORRANCE, CA 90504

# **Current Mailing Address:**

C/O HOWARD LIBERSON 2551 WEST 190TH STREET TORRANCE, CA 90504 US

### FEI Number: 86-1257177

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

### Authorized Person(s) Detail :

Title	MGR
Name	LIBERSON, HOWARD
Address	2551 WEST 190TH STREET
City-State-Zip:	TORRANCE CA 90504

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.

CEO

# SIGNATURE: HOWARD LIBERSON

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Mar 19, 2022 Secretary of State 0236563669CC

Certificate of Status Desired: Yes

Date

03/19/2022

Date