2021 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 03, 2021 Secretary of State 5537703087CC

Certificate of Status Desired: Yes

Date

03/03/2021

Date