

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000150630

**Entity Name:** ALLIED HEALTH MANAGEMENT LLC

**Current Principal Place of Business:**

8622 KIMBLE WAY  
BOCA RATON, FL 33433

**Current Mailing Address:**

8622 KIMBLE WAY  
BOCA RATON, FL 33433 US

**FEI Number:** 88-1772005

**Certificate of Status Desired:** No

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

FISCHTEIN, DANIEL  
5489 WILES ROAD  
SUITE #304  
COCONUT CREEK, FL 33073 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:** DANIEL FISCHTEIN

04/08/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            FISCHTEIN, DANIEL  
Address        10222 LEXINGTON ESTATE BLVD  
City-State-Zip: BOCA RATON FL 33428

*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:** DANIEL FISCHTEIN

PRESIDENT

04/08/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date