

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000245930

**Entity Name:** A1 ALLIED HEALTH TRAINING, LLC

**Current Principal Place of Business:**

4524 GUN CLUB ROAD SUITE 101B  
WEST PALM BEACH, FL 33415

**Current Mailing Address:**

4524 GUN CLUB ROAD SUITE 101B  
WEST PALM BEACH, FL 33415 US

**FEI Number:** 88-0631839

**Certificate of Status Desired:** No

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

INC AUTHORITY RA  
390 NORTH ORANGE AVE., STE 2300-N  
ORLANDO, FL 32801 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  
Name PERSONNA, GEORGETTE  
Address 11201 MAINSAIL COURT  
City-State-Zip: WELLINGTON FL 33449

*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:** GEORGETTE PERSONNA

MGR

04/29/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date