

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000248034

Entity Name: ALEF HEALTH LLC

Current Principal Place of Business:

731 SAND CREEK CIR
WESTON, FL 33327

Current Mailing Address:

731 SAND CREEK CIR
WESTON, FL 33327 US

FEI Number: 88-2743205

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EL KHOLY, AMIRA
731 SAND CREEK CIR
WESTON, FL 33327 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 DR.
Name ABDELRAHMAN, KHALED
Address 731 SAND CREEK CIR
City-State-Zip: WESTON FL 33327

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: KHALED ABDELRAHMAN

DR.

02/03/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date