2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: A & E HEALTHCARE PROVIDERS LLC

Current Principal Place of Business:

5027 CENTENNIAL BLVD
LEHIGH ACRES, FL 33971

Current Mailing Address:

5027 CENTENNIAL BLVD
LEHIGH ACRES, FL 33971

FEI Number: 92-2207161

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LLAMA ESTEVEZ, MERCEDES
5027 CENTENNIAL BLVD
LEHIGH ACRES, FL 33971 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	AMBR
Name	LLAMA ESTEVEZ, MERCEDES
Address	5027 CENTENNIAL BLVD
City-State-Zip:	LEHIGH ACRES FL 33971

Title	AMBR
Name	ALVAREZ RAMIREZ, YEBRAN ROBERTO
Address	5027 CENTENNIAL BLVD
City-State-Zip:	LEHIGH ACRES FL 33971

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: ALVAREZ RAMIREZ, YEBRAN ROBERTO AMBR 03/02/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date