

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000290727

Entity Name: AC MEDICAL SERVICES LLC

Current Principal Place of Business:

3201 NE 183RD ST APT 2401
AVENTURA, FL 33160

Current Mailing Address:

3201 NE 183RD ST APT 2401
AVENTURA, FL 33160 US

FEI Number: 93-1934942

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CATAPANO, AMANDA
3201 NE 183RD ST APT 2401
AVENTURA, FL 33160 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 MBR
Name CATAPANO, AMANDA
Address 3201 NE 183RD ST APT 2401
City-State-Zip: AVENTURA FL 33160

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: AMANDA CATAPANO

MEMBER

03/31/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date