

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000013492

Entity Name: ABLEHEARTS FLORIDA HEALTHCARE LLC

Current Principal Place of Business:

C/O 6629 SPRING STREET
DOUGLASVILLE, GA 30334

Current Mailing Address:

C/O 6629 SPRING STREET
DOUGLASVILLE, GA 30334

FEI Number: 86-2988418

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 NHNFP HEALTHCARE INC.
Address 6629 SPRING STREET
City-State-Zip: DOUGLASVILLE GA 30334

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: JULIE DAWKINS

PRESIDENT

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date