

**2023 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 30134

**Current Mailing Address:**

C/O 6629 SPRING STREET  
DOUGLASVILLE, GA 30134 US

**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 30134

*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: JACQUELINE PRICE**

**PRESIDENT**

**04/12/2023**

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

\_\_\_\_\_  
Date