

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000274838

Entity Name: HAPTEN COMPREHENSIVE CARE, LLC

Current Principal Place of Business:

739 NW 112TH STREET
MIAMI, FL 33168

Current Mailing Address:

739 NW 112TH STREET
MIAMI, FL 33168

FEI Number: 86-3469004

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHAVEZ, KENSY
739 NW 12TH STREET
MIAMI, FL 33168 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 CHAVEZ, KENSY
Address 739 NW 112TH STREET
City-State-Zip: MIAMI FL 33168

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: KENSY CHAVEZ

RN

04/10/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date