

**2023 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**

**MGR**

**02/17/2023**

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

\_\_\_\_\_  
Date