

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000424720

**Entity Name:** LEVERAGE HEALTH OPTIONS, LLC

**Current Principal Place of Business:**

1000 NW 65TH ST  
STE 305  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

1000 NW 65TH ST  
STE 305  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 92-0551781

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FABEAN, COOPER  
525 NORTHEAST 7TH STREET  
1-1108  
FORT LAUDERDALE, FL 33304 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            AMBR  
Name            FABEAN, COOPER  
Address        525 NORTHEAST 7TH STREET  
                  1-1108  
City-State-Zip: FORT LAUDERDALE FL 33304

*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:** COOPER FABEAN

**PRESIDENT**

**08/22/2023**

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

\_\_\_\_\_  
Date