## **2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000026810

Entity Name: NEXTLEVEL COMPLETE FAMILY CARE, INC.

FILED Feb 16, 2024 Secretary of State 4451126874CC

## **Current Principal Place of Business:**

10450 NW 33 STREET 205 DORAL, FL 33172

# **Current Mailing Address:**

10450 NW 33 STREET 205 DORAL, FL 33172

FEI Number: 92-3421859 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MUSTELIER, MIGUEL R 10450 NW 33 STREET 205 DORAL, FL 33172 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

#### Officer/Director Detail:

Title P Title VF

NameMUSTELIER, MIGUEL RNameDEL RISCO, JOSE IAddress10450 NW 33 STREETAddress10450 NW 33 STREETCity-State-Zip:DORAL FL 33172City-State-Zip:DORAL FL 33172

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MIGUEL R MUSTELIER

PRESIDENT

02/16/2024