

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000111340

**Entity Name:** EMPATHY BEHAVIORAL HEALTH SERVICES LLC

**Current Principal Place of Business:**

7315 NW 36TH ST  
MIAMI, FL 33166-6704

**Current Mailing Address:**

7315 NW 36TH ST  
DORAL, FL 33166-6704 US

**FEI Number: 83-4617399**

**Certificate of Status Desired: No**

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

GARCIA, SONIA G  
7315 NW 36TH ST  
MIAMI, FL 33166-6704 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	Title	AMBR
Name	GARCIA, SONIA G	Name	RAMOS, DANIEL RIGO
Address	7315 NW 36TH ST	Address	7315 NW 36TH ST
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	DORAL FL 33166-6704

*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: DANIEL RIGO RAMOS**

**AMBR**

**01/17/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date