

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000241208

**Entity Name:** OCEAN HEALTH CENTER LLC

**Current Principal Place of Business:**

1321 S ANDREWS AVE  
FT LAUDERDALE, FL 33316

**Current Mailing Address:**

3301 NE 32ND AVE  
403  
FT LAUDERDALE, FL 33308 US

**FEI Number:** 84-3145576

**Certificate of Status Desired:** No

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

FACKLER, ADAM  
3301 NE 32ND AVE  
APT 403  
FT LAUDERDALE, FL 33308 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 DR.  
Name FACKLER, ADAM  
Address 3301 NE 32ND AVE  
403  
City-State-Zip: FT LAUDERDALE FL 33308

*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:** ADAM FACKLER

DR.

06/16/2020

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

\_\_\_\_\_ Date