

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L20000273684

Entity Name: COMPLEX CARE OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

508 SWEETWATER CLUB CIRCLE
LONGWOOD, FL 32779

Current Mailing Address:

508 SWEETWATER CLUB CIRCLE
LONGWOOD, FL 32779

FEI Number: 85-2675276

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHABAN, CHRISTIAN A MD
508 SWEETWATER CLUB CIRCLE
LONGWOOD, FL 32779 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: CHRISTIAN CHABAN

10/04/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CHABAN, CHRISTIAN A MD
Address 508 SWEETWATER CLUB CIRCLE
City-State-Zip: LONGWOOD FL 32779

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: CHRISTIAN CHABAN

MGR

10/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date