

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000353434

Entity Name: COMPLETE HEALTHCARE DIRECT LLC

Current Principal Place of Business:

141 NW 20TH ST
SUITE G7
BOCA RATON, FL 33431

Current Mailing Address:

141 NW 20TH ST
SUITE G7
BOCA RATON, FL 33431 US

FEI Number: 87-2043635

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, JARED
141 NW 20TH ST
SUITE G7
BOCA RATON, FL 33431 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
Name COHEN, JARED
Address 141 NW 20TH ST SUITE G6
City-State-Zip: BOCA RATON FL 33431

Title AMBR
Name COHEN, DREW
Address 141 NW 20TH ST SUITE G6
City-State-Zip: BOCA RATON FL 33431

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: JARED COHEN

MGR

01/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date