

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000428661

**Entity Name:** COLLABORATIVE HEALING PARTNERS LLC

**Current Principal Place of Business:**

5160 FOXHALL PLACE  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

5160 FOXHALL PLACE  
WEST PALM BEACH, FL 33417 UN

**FEI Number: 87-4043863**

**Certificate of Status Desired: No**

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

SEWARD, CHRISTINE  
2004 NW 15TH PLACE, DELRAY BEACH, FL 33445  
DELRAY BEACH, FL 33445 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 AZOULAY, STUART  
Address 5160 FOXHALL PLACE  
City-State-Zip: WEST PALM BEACH FL 33417

*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: STUART AZOULAY**

**MEMBER**

**02/09/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date