

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000477061

**Entity Name:** FAST INTERVENTION CARE LLC

**Current Principal Place of Business:**

3141 S MILITARY TRAIL SUITE 103  
LAKE WORTH, FL 33463

**Current Mailing Address:**

3141 S MILITARY TRAIL SUITE 103  
LAKE WORTH, FL 33462

**FEI Number:** 92-0995405

**Certificate of Status Desired:** No

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

DENOCHAMPS, FRITZ R  
3141 S MILITARY TRAIL SUITE  
LAKE WORTH, FL 33463 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 DENOCHAMPS, FRITZ R  
Address 1419 RED APPLE LN  
City-State-Zip: WEST PALM BEACH FL 33415

*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:** FRITZ DENOCHAMPS

MGR

04/30/2023

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

\_\_\_\_\_ Date