

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000102631

**Entity Name:** COMPASS HEALTH GROUP LLC

**Current Principal Place of Business:**

1065 NE 125TH STREET  
SUITE 300  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

1065 NE 125TH STREET  
SUITE 300  
NORTH MIAMI, FL 33161 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

SEGAL, SCOTT  
1065 NE 125TH STREET  
SUITE 300  
NORTH MIAMI, FL 33161 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 MGRM  
Name SEGAL, SCOTT  
Address 1065 NE 125TH STREET  
City-State-Zip: NORTH MIAMI FL 33161

*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:** SCOTT SEGAL

**PRESIDENT**

**05/01/2021**

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

\_\_\_\_\_  
Date