

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000127794

Entity Name: GATEWELL THERAPY CENTER, LLC

Current Principal Place of Business:

4601 PONCE DE LEON BLVD.
260
CORAL GABLES, FL 33146

Current Mailing Address:

4601 PONCE DE LEON BLVD.
260
CORAL GABLES, FL 33146 US

FEI Number: 81-3454626

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSENFELD, STACEY
4601 PONCE DE LEON BLVD.
260
CORAL GABLES, FL 33146 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 AMBR
Name ROSENFELD, STACEY
Address 4601 PONCE DE LEON BLVD., SUITE
260
City-State-Zip: CORAL GABLES FL 33146

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: STACEY ROSENFELD

OWNER

01/27/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date