

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000265137

Entity Name: KAIZEN HEALTHCARE PARTNERS, LLC

Current Principal Place of Business:

523 MASON STREET
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

523 MASON STREET
ALTAMONTE SPRINGS, FL 32701

FEI Number: 84-3607241

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAZAK, KADEN L
523 MASON STREET
ALTAMONTE SPRINGS, FL 32701 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 PRES
Name MAZAK, KADEN L
Address 523 MASON STREET
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: KADEN MAZAK

PRESIDENT

02/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date