

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000008560

**Entity Name:** DELCIN HEALTH CENTER, LLC

**Current Principal Place of Business:**

7261 SHERIDAN STREET, SUITE 305  
HOLLYWOOD, FL 33024

**Current Mailing Address:**

7261 SHERIDAN STREET, SUITE 305  
HOLLYWOOD, FL 33024 US

**FEI Number: 84-4290964**

**Certificate of Status Desired: No**

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

DELCIN GARCON, NADEGE  
7261 SHERIDAN STREET  
SUITE 305  
HOLLYWOOD, FL 33024 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	Title	MGR
Name	DELCIN GARCON, NADEGE	Name	GARCON, DIMITRI
Address	7261 SHERIDAN STREET, SUITE 305	Address	7261 SHERIDAN STREET, SUITE 305
City-State-Zip:	HOLLYWOOD FL 33024	City-State-Zip:	HOLLYWOOD FL 33024

*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: NADEGE DELCIN GARCON**

**MANAGER**

**04/28/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date