

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000012186

Entity Name: ONE LIFE MENTAL HEALTH CENTER LLC**Current Principal Place of Business:**9381 SW 16TH ST
MIAMI, FL 33165**Current Mailing Address:**11401 SW 40TH STREET
SUITE 345
MIAMI, FL 33165 US**FEI Number:** 84-4383882**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BRIDGE OF CARE LLC
11401 SW 40TH STREET
SUITE 345
MIAMI, FL 33165 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:** ALAIN PEREZ HERNANDEZ

04/18/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	PEREZ HERNANDEZ, ALAIN
Address	11401 SW 40TH STREET SUITE 345
City-State-Zip:	MIAMI FL 33165

Title	MGR
Name	AGUIAR RODRIGUEZ, YARITZA
Address	11401 SW 40TH STREET SUITE 345
City-State-Zip:	MIAMI FL 33165

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: ALAIN PEREZ HERNANDEZ

MANAGER

04/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date