

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000334168

**Entity Name:** NEW HORIZONS TREATMENT CENTER LLC

**Current Principal Place of Business:**

7800 W OAKLAND PARK BLVD  
SUITE 207  
SUNRISE, FL 33351

**Current Mailing Address:**

7800 W OAKLAND PARK BLVD  
SUITE 207  
SUNRISE, FL 33351 US

**FEI Number:** 85-3744512

**Certificate of Status Desired:** Yes

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

HASSAN, FIAZ  
7916 NW 38TH COURT  
DAVIE, 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 AMBR  
Name HASSAN, FIAZ  
Address 7916 NW 38TH COURT  
City-State-Zip: DAVIE FL 33024

Title COO  
Name MATHURA, RAVI  
Address 5235 INWOOD DRIVE  
City-State-Zip: DELRAY BEACH FL 33484

Title CEO  
Name HASSAN, FIAZ  
Address 7916 NW 38TH COURT  
City-State-Zip: DAVIE 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:** FIAZ HASSAN

AMBR

02/17/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date