

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000334168

Entity Name: NEW HORIZONS TREATMENT CENTER LLC**Current Principal Place of Business:**7916 NW 38TH COURT
DAVIE, FL 33024**Current Mailing Address:**7916 NW 38TH COURT
DAVIE, FL 33024 US**FEI Number:** 85-3744512**Certificate of Status Desired:** No**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, RAVINDRA
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

Title	CFO
Name	SHASTRI , SINGH
Address	6271 NW 16TH PLACE
City-State-Zip:	SUNRISE FL 33314

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

CEO

04/11/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date