

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000126117

**Entity Name:** CASA CLINIC LLC

**Current Principal Place of Business:**

2878 ROOSEVELT BLVD  
CLEARWATER, FL 33760

**Current Mailing Address:**

5512 18TH ST NE  
ST PETERSBURG, FL 33703 US

**FEI Number:** 86-2670846

**Certificate of Status Desired:** No

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

ALVAREZ, REBECCA  
5512 18TH ST NE  
ST PETERSBURG, FL 33703 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            EDEL ALVAREZ MD LLC  
Address        5512 18TH ST NE  
City-State-Zip: ST PETERSBURG FL 33703

Title            AMBR  
Name            BRAVANT LLC  
Address        16192 COASTAL HIGHWAY  
City-State-Zip: LEWES DE 19958

*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:** THEOPHILUS SAI

**MEMBER**

**03/03/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date