

2022 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

MD

04/12/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date