

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000506376

**Entity Name:** MONUMENTAL HEALTH PARTNERS, LLC

**Current Principal Place of Business:**

12651 WEST SUNRISE BLVD  
SUITE 101  
SUNRISE, FL 33323

**Current Mailing Address:**

994 SHADYSIDE LANE  
WESTON, FL 33327 US

**FEI Number:** 88-0687610

**Certificate of Status Desired:** No

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

BIVINS, BALKYS  
12651 WEST SUNRISE BLVD  
SUITE 101  
SUNRISE, FL 33323 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 MGR  
Name BIVINS, BALKYS  
Address 994 SHADYSIDE LANE  
City-State-Zip: WESTON FL 33327

*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:** BALKYS BIVINS

MGR

02/20/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date