2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2025
Secretary of State
2680769301CC

DOCUMENT# L22000149477

Entity Name: COMPLETE CARE CLINIC

Current Principal Place of Business:

484 NW 165TH STREET RD
409
N MIAMI BEACH, FL 33169

Current Mailing Address:

12530 W MYRTLE AVE
GLENDALE, AZ 85307 US

FEI Number: 88-1435854

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALVAN, DINAPOLES DR
484 NW 165TH STREET RD
409
N MIAMI BEACH, FL 33169 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	CEO
Name	GALVAN, DINAPOLES DR
Address	12530 W MYRTLE AVE
City-State-Zip:	GLENDALE AZ 85307

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: DINAPOLES GALVAN CEO 03/27/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date