



Certificate of Occupancy
Office of Zoning Administration
CITY OF SHREVEPORT, LA

DATE OF ISSUANCE: March 18, 2024

CERTIFICATE NO: 24-176-COC

THIS CERTIFICATE IS ISSUED IN COMPLIANCE WITH THE PROVISIONS OF ALL ORDINANCES OF THE CITY OF SHREVEPORT PERTINENT THERETO:

NAME OF BUSINESS: **HELPING OUR PATIENTS EVOLVE, LLC**
ADDRESS: **721 BOULEVARD ST**
PHONE: **(832)-858-7131**
TYPE OF BUSINESS: **MEDICAL OFFICE**
(NOTE: MUST BE A USE LISTED IN THE ZONING ORDINANCE)

PROPERTY ZONED: **C-1**

CASE NO, IF APPLICABLE: **N/A**

REMARKS:
NOT A SEXUALLY ORIENTED BUSINESS

EXPIRES, IF APPLICABLE:

OTHER COMMENTS: **CHANGE OF LOCATION**

OWNER OF BUSINESS: **IRINA HAAS-GHATTAS**

REGINALD P. JORDAN

ISSUING OFFICIAL (TYPED)

SIGNATURE OF ISSUING OFFICIAL

THIS CERTIFICATE IS NOT AN OCCUPATIONAL LICENSE (PLACE IN A CONSPICUOUS PLACE)

Certificate of Occupancy
CITY OF SHREVEPORT, LA
(KEEP FOR FUTURE REFERENCE)

CERTIFICATE NO: 24-176-COC

IF YOUR BUSINESS CLOSED DURING THE YEAR PLEASE NOTIFY: CITY OF SHREVEPORT, REVENUE DIVISION, P.O. BOX 30002, SHREVEPORT, LA 71130

A NEW CERTIFICATE OF OCCUPANCY MUST BE OBTAINED FROM THE ZONING OFFICE; AND IF A "LIQUOR LICENSE" WAS ISSUED, PLEASE NOTIFY THE SHREVEPORT POLICE DEPARTMENT, ABO OFFICE, IF ANY OF THE FOLLOWING OCCUR:

1. CHANGE THE NAME OF THE BUSINESS
2. CHANGE OWNERSHIP
3. MOVE OR OPEN A NEW LOCATION
4. EXPAND SERVICES OR FACILITIES AT THE PRESENT LOCATION