

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000005842

**Entity Name:** FIRST STEP THERAPY LLC

**Current Principal Place of Business:**

1200 N CENTRAL AVE  
SUITE 110  
KISSIMMEE, FL 34741

**Current Mailing Address:**

1650 E. SANDLAKE RD.  
SUITE 230  
ORLANDO, FL 32809 US

**FEI Number:** 27-1790794

**Certificate of Status Desired:** No

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

SHAIKH, SAMINA  
1200 N CENTRAL AVE  
UNIT 110  
KISSIMMEE, FL 34744 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:** SAMINA SHAIKH

04/15/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	NICHOLAS, FEDERICO	Name	SAMINA, SHAIKH
Address	1650 E. SANDLAKE RD. SUITE 230	Address	1650 E. SANDLAKE RD. SUITE 230
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32809
Title	AUTHORIZED MEMBER		
Name	MARTINEZ, JOSE		
Address	1650 E. SANDLAKE RD. SUITE 230		
City-State-Zip:	ORLANDO FL 32809		

*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:** FEDERICO NICHOLAS

AMBER

04/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date