

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000267855

**Entity Name:** BETTER JOINTS THERAPY LLC

**Current Principal Place of Business:**

1176 N JASMINE AVE.  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

1176 N JASMINE AVE.  
TARPON SPRINGS, FL 34689 US

**FEI Number: 83-2603668**

**Certificate of Status Desired: No**

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

ANCHETA, TAMARA JOY  
1176 N JASMINE AVE.  
TARPON SPRINGS, FL 34689 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            ANCHETA, ROLANDO  
Address        1176 N JASMINE AVE.  
City-State-Zip: TARPON SPRINGS FL 34689

Title            MGR  
Name            ANCHETA, TAMARA JOY  
Address        1176 N JASMINE AVE.  
City-State-Zip: TARPON SPRINGS FL 34689

*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: TAMARA JOY ANCHETA**

**CHIEF ADMINISTRATIVE  
OFFICER**

**03/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date