

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000288263

Entity Name: RENEWED HEALTH PHYSICAL THERAPY, LLC

Current Principal Place of Business:

14 JULIE DRIVE
ORMOND BEACH, FL 32176

Current Mailing Address:

14 JULIE DRIVE
ORMOND BEACH, FL 32176 US

FEI Number: 82-5199817

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WARREN, TAWNIE D
14 JULIE DRIVE
ORMOND BEACH, FL 32176 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: TAWNIE WARREN

03/22/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name WARREN, TAWNIE DEAN
Address 14 JULIE DRIVE
City-State-Zip: ORMOND BEACH FL 32176

Title MGR
Name WARREN, TAWNIE D
Address 14 JULIE DRIVE
City-State-Zip: ORMOND BEACH FL 32176

Title MGR
Name WARREN, TAWNIE
Address 14 JULIE DRIVE
City-State-Zip: ORMOND BEACH FL 32176

Title MGR
Name WARREN, TAWNIE
Address 14 JULIE DRIVE
City-State-Zip: ORMOND BEACH FL 32176

Title MGR
Name WARREN, TAWNIE D
Address 14 JULIE DRIVE
City-State-Zip: ORMOND BEACH FL 32176

Title MGR
Name WARREN, TAWNIE D
Address 14 JULIE DRIVE
City-State-Zip: ORMOND BEACH FL 32176

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: WARREN, TAWNIE DEAN

REGISTERED AGENT

03/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date