

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000275438

**Entity Name:** ASPI THERAPY TAMPA, LLC

**Current Principal Place of Business:**

7135 COLLINS AVE  
802  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

5101 RIVER RD  
1101  
BETHESDA, FL 20816 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

KHREISAT, ZIAD  
7135 COLLINS AVE  
802  
MIAMI BEACH, FL 33141 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:** ZIAD KHREISAT

01/18/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KHREISAT, ZIAD  
Address 5101 RIVER RD  
1101  
City-State-Zip: BETHESDA FL 20816

*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:** ZIAD KHREISAT

MANAGER

01/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date