

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000093710

Entity Name: REVITALIZING LIFESTYLE MEDICINE LLC**Current Principal Place of Business:**100 EAST DAKIN AVENUE
KISSIMMEE, FL 34741**Current Mailing Address:**100 EAST DAKIN AVENUE
KISSIMMEE, FL 34741 US**FEI Number:** 86-3170574**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DESAI, TUSHAAR
1916 EAST ROBINSON STREET
ORLANDO, FL 32803 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	MGRM
Name	MCGOWAN, MICHAEL
Address	100 EAST DAKIN AVENUE
City-State-Zip:	KISSIMMEE FL 34741

Title	M
Name	BARRETT, BRENT
Address	100 EAST DAKIN AVENUE
City-State-Zip:	KISSIMMEE FL 34741

Title	M
Name	BROWNING, MICHAEL
Address	100 EAST DAKIN AVENUE
City-State-Zip:	KISSIMMEE FL 34741

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: MICHAEL BROWNING

MEMBER

03/01/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date