

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000398030

**Entity Name:** SERENDIPITY PHYSICAL THERAPY AND WELLNESS LLC

**Current Principal Place of Business:**

710 PONDELLA ROAD  
SUITE #7 PMB2037  
NORTH FORT MYERS, FL 33903

**Current Mailing Address:**

2015 TERRAZZO LANE  
NAPLES, FL 34104 US

**FEI Number:** 87-2576715

**Certificate of Status Desired:** No

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

ZENBUSINESS INC.  
336 E. COLLEGE AVE.  
SUITE 301  
TALLAHASSEE, FL 32301 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:** KHADIJEH HEMMATI

04/20/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name CLINTON, KRISTINA  
Address 2015 TERRAZZO LANE  
City-State-Zip: NAPLES FL 34104

*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:** KRISTINA CLINTON

MEMBER

04/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date