2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2025
Secretary of State
6256669046CC

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Entity Name: THE THERAPY EDGE, PLLC

Current Principal Place of Business:

1110 NORTH DONNELLY STREET
MOUNT DORA, FL 32757

Current Mailing Address:

1110 NORTH DONNELLY STREET
MOUNT DORA, FL 32757

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMAS H. OLESKO
1110 NORTH DONNELLY STREET
MOUNT DORA, FL 32757 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	THOMAS H. OLESKO
Address	1110 NORTH DONNELLY STREET
City-State-Zip:	MOUNT DORA FL 32757

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: THOMAS OLESKO MR. 03/24/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date