

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000218091

Entity Name: FLORIDA EQUINE SPORTS MEDICINE & REHABILITATION, LLC

FILED
Apr 05, 2023
Secretary of State
4217779162CC

Current Principal Place of Business:

6782 NW 12TH STREET
OCALA, FL 34482

Current Mailing Address:

6782 NW 12TH STREET
OCALA, FL 34482 US

FEI Number: 88-3210919

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WITHERS, RICHARD I
5538 NW 43RD STREET
SUITE B
GAINESVILLE, FL 32653 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 MGR
Name STEWART, MAGDALENE
Address 720 N HOUCKSVILLE ROAD
City-State-Zip: HAMPSTEAD MD 21074

Title MGR
Name WILLIAMS, COOPER
Address 720 N HOUCKSVILLE ROAD
City-State-Zip: HAMPSTEAD MD 21074

Title MGR
Name KAZAKEVICIUS, PETER
Address 6782 NW 12TH STREET
City-State-Zip: Ocala FL 34482

Title AUTHORIZED MEMBER
Name LEAVENGOOD, JENNIFER
Address 1260 GULF BOULEVARD
City-State-Zip: BELLEAIR SHORE FL 33786

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: MAGDALENE STEWART

MANAGER

04/05/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date