

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000334023

Entity Name: RECOVERY THERAPY ORLANDO LLC

Current Principal Place of Business:

366 W TAFT VINELAND RD
A
ORLANDO, FL 32824

Current Mailing Address:

1834 ISLEBROOK DR
ORLANDO, FL 32824

FEI Number: 92-0657867

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARBOZA, AURIMAR
1834 ISLEBROOK DR
ORLANDO, FL 32824 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 BARBOZA, AURIMAR
Address 1834 ISLEBROOK DR
City-State-Zip: ORLANDO FL 32824

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: BARBOZA, AURIMAR

AURIMAR BARBOZA

03/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date