

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000427790

**Entity Name:** PHYSIOLUTIONS PHYSICAL THERAPY, LLC

**Current Principal Place of Business:**

6649 BRIDGMAN ST  
ORLANDO, FL 32827

**Current Mailing Address:**

6649 BRIDGMAN ST  
ORLANDO, FL 32827 US

**FEI Number:** 92-0601456

**Certificate of Status Desired:** No

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

ARBOLEDA CALDERON, LAURA M  
6649 BRIDGMAN ST  
ORLANDO, FL 32827 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             | Title           | MGR                        |
| Name            | LOPEZ, RICARDO   | Name            | ARBOLEDA CALDERON, LAURA M |
| Address         | 6649 BRIDGMAN ST | Address         | 6649 BRIDGMAN ST           |
| City-State-Zip: | ORLANDO FL 32827 | City-State-Zip: | ORLANDO FL 32827           |

*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:** RICARDO LOPEZ

AMBR

02/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date