

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000427790

**Entity Name:** FISIOACTIVE 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, LAURA  
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

03/22/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date