

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000522646

**Entity Name:** CONCIERGE PHYSICAL THERAPY OF CELEBRATION, PLLC

**Current Principal Place of Business:**

1015 NASH DR  
CELEBRATION, FL 34747

**Current Mailing Address:**

1015 NASH DR  
CELEBRATION, FL 34747 US

**FEI Number: 88-4397695**

**Certificate of Status Desired: No**

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

PETERS, SAMANTHA  
1015 NASH DR  
CELEBRATION, FL 34747 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 PETERS, SAMANTHA  
Address 1015 NASH DR  
City-State-Zip: CELEBRATION FL 34747

*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: SAMANTHA PETERS**

**MGR**

**04/07/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date