

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000467272

**Entity Name:** PTSD REGENERATIVE MEDICAL CLINIC LLC

**Current Principal Place of Business:**

3415 W BEAUMONT RD  
TAMPA, FL 33611

**Current Mailing Address:**

3415 W BEAUMONT RD  
TAMPA, FL 33611 US

**FEI Number:** 93-3867420

**Certificate of Status Desired:** No

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

MORALES, SONIA  
3415 W BEAUMONT RD  
TAMPA, FL 33611 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:** SONIA MORALES

01/29/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MBR  
Name FLORIDA REJUVENATION HOLDINGS  
LLC  
Address 3415 W BEAUMONT RD  
City-State-Zip: TAMPA FL 33611

*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:** BRETT MARKOWITZ

CEO

01/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date