

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100018

Entity Name: IMPACT HEALTH AND PERFORMANCE, LLC

Current Principal Place of Business:

28384 US HIGHWAY 19 NORTH
SUITE B
CLEARWATER, FL 33761

Current Mailing Address:

2913 WESTON TERRACE
PALM HARBOR, FL 34685 US

FEI Number: 26-0851066

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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	MGRM	Title	MGRM
Name	MILLEN, JOSEPH D	Name	HORRIGAN-MILLEN, CLAUDIA A
Address	2913 WESTON TERRACE	Address	2913 WESTON TERRACE
City-State-Zip:	PALM HARBOR FL 34685	City-State-Zip:	PALM HARBOR FL 34685

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: CLAUDIA HORRIGAN-MILLEN

MGRM

02/13/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date