

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000100018

**Entity Name:** IMPACT HEALTH AND PERFORMANCE, LLC

**Current Principal Place of Business:**

180 ALT. 19 N.  
SUITE B  
PALM HARBOR, FL 34683

**Current Mailing Address:**

180 ALT. 19 N.  
SUITE B  
PALM HARBOR, FL 34683 US

**FEI Number:** 26-0851066

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD  
SUITE 36  
ORLANDO, FL 32822 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  
Name MILLEN, JOSEPH D  
Address 2913 WESTON TERRACE  
City-State-Zip: PALM HARBOR FL 34685

Title MGRM  
Name HERRIGAN-MILLEN, CLAUDIA A  
Address 2913 WESTON TERRACE  
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 A HERRIGAN-MILLEN

MGRM

01/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date