

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000132311

**Entity Name:** LYMPHEDEMA AND PHYSICAL THERAPY SPECIALISTS, LLC

**Current Principal Place of Business:**

301 NORTH HIGHWAY 27  
SUITE F  
CLERMONT, FL 34711

**Current Mailing Address:**

3390 PLAYERS POINT LOOP  
APOPKA, FL 32712 US

**FEI Number: 27-4401091**

**Certificate of Status Desired: No**

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

VITALE, HUYEN L  
3390 PLAYERS POINT LOOP  
APOPKA, FL 32712 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            AUTHORIZED MEMBER  
Name            VITALE, HUYEN L  
Address        3390 PLAYERS POINT LOOP  
City-State-Zip: APOPKA FL 32712

*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: HUYEN VITALE** \_\_\_\_\_

**AUTHORIZED MEMBER**

**03/20/2021**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date