

2023 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

MEMBER

04/05/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date