

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000190458

**Entity Name:** THE MOVEMENT CLINIC, LLC.

**Current Principal Place of Business:**

3012 E. CERVANTES ST  
PENSACOLA , FL 32504

**Current Mailing Address:**

2 PORTOFINO DR STE 1702  
PENSACOLA BEACH, FL 32561 US

**FEI Number:** 47-2598622

**Certificate of Status Desired:** No

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

VIRANT, LYNNE G  
2 PORTOFINO DR STE 1702  
PENSACOLA BEACH, FL 32561 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:** LYNNE G VIRANT

04/28/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name VIRANT, LYNNE G  
Address 2 PORTOFINO DR STE 1702  
City-State-Zip: PENSACOLA BEACH FL 32561

*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:** LYNNE G VIRANT

OWNER

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date