2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2025
Secretary of State
4463511196CC

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Entity Name: ACTIVEFIT REHAB PHYSICAL THERAPY LLC

Current Principal Place of Business:

4649 CLYDE MORRIS BLVD
607
PORT ORANGE, FL 32129

Current Mailing Address:

4649 CLYDE MORRIS BLVD
607
PORT ORANGE, FL 32129 US

FEI Number: 81-5040350

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LERTKITCHAROENPON, RATREE
1849 FOROUGH CIRCLE
PORT ORANGE, FL 32128 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	PRESIDENT	Title	MANAGER
Name	LERTKITCHAROENPON, RATREE	Name	LERTKITCHAROENPON, WIRAT
Address	4649 CLYDE MORRIS BLVD 607	Address	1849 FOROUGH CIR
City-State-Zip:	PORT ORANGE FL 32129	City-State-Zip:	PORT ORANGE FL 32128

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: RATREE LERTKITCHAROENPON OWNER /PRESIDENT 04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date