

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000010090

Entity Name: NATURAL THERAPY & REHAB CENTER LLC

Current Principal Place of Business:

1221 W COLONIAL DR SUITE 205
ORLANDO, FL 32804

Current Mailing Address:

1221 W COLONIAL DR SUITE 205
ORLANDO, FL 32804 US

FEI Number: 83-3222644

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FARRUGGIO, PAUL PHILIP
2051 OAK MEADOW CIR
DAYTONA BEACH, FL 32119 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 MGR
Name FARRUGGIO, PAUL PHILIP
Address 2051 OAK MEADOW CIR
City-State-Zip: DAYTONA BEACH FL 32119

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: FARRUGGIO , PAUL PHILIP

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04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date