

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000010090

Entity Name: NATURAL THERAPY & REHAB CENTER LLC

Current Principal Place of Business:

7224 W COLONIAL DR
ORLANDO, AL 32818

Current Mailing Address:

7224 W COLONIAL DR
ORLANDO, FL 32818 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	Title	MANAGER, AUTHORIZED MEMBER
Name	FARRUGGIO, PAUL PHILIP	Name	LEONARD, JONISE
Address	2051 OAK MEADOW CIR	Address	7575 PARK SPRINGS CR
City-State-Zip:	DAYTONA BEACH FL 32119	City-State-Zip:	ORLANDO FL 32835

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

MGR

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date