

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000062096

Entity Name: TAMPA INJURY & WELLNESS CENTER LLC

Current Principal Place of Business:

730 S STERLING AVE STE 214
TAMPA, FL 33609

Current Mailing Address:

730 S STERLING AVE.
SUITE 214
TAMPA, FL 33609 US

FEI Number: 83-3938495

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, DIPTI R
730 S. STERLING AVE
SUITE 214
TAMPA, FL 34638 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: DIPTI PATEL

04/29/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PATEL, DIPTI
Address 730 S STERLING AVE STE 214
City-State-Zip: TAMPA FL 33609

Title MGR
Name LEWIS, MATTHEW
Address 730 S STERLING AVE STE 214
City-State-Zip: TAMPA FL 33609

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: DIPTI PATEL

PRESIDENT

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date