

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000121945

Entity Name: F.U.S.E. THERAPY, LLC

Current Principal Place of Business:

4730 85TH AVE N
PINELLAS PARK, FL 33781

Current Mailing Address:

4730 85TH AVE N
PINELLAS PARK, FL 33781

FEI Number: 84-1904432

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GROZDANIC, AMANDA M
4730 85TH AVE N
PINELLAS PARK, FL 33781 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 GROZDANIC, AMANDA M
Address 4730 85TH AVE N
City-State-Zip: PINELLAS PARK FL 33781

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: AMANDA GROZDANIC

MGR

04/28/2025

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date