

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000133733

Entity Name: IDEAL PHYSICAL THERAPY AND FITNESS LLC

Current Principal Place of Business:

8595 COLLIER BLVD
#115
NAPLES, FL 34114

Current Mailing Address:

8595 COLLIER BLVD
#115
NAPLES, FL 34114

FEI Number: 84-2340467

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DRUMMOND, THOMAS
8595 COLLIER BLVD
#115
NAPLES, FL 34114 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 DRUMMOND, THOMAS
Address 8595 COLLIER BLVD, #115
City-State-Zip: NAPLES FL 34114

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: DRUMMOND, THOMAS

MGR

04/01/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date