

**2024 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:** THOMAS DRUMMOND

02/05/2024

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:** THOMAS DRUMMOND

**OWNER**

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date