

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000271058

**Entity Name:** BETTER FIT PHYSICAL THERAPY, LLC

**Current Principal Place of Business:**

4726 W FAIRVIEW HEIGHTS  
TAMPA, FL 33616

**Current Mailing Address:**

4726 W FAIRVIEW HEIGHTS  
TAMPA, FL 33616

**FEI Number:** 85-2990518

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FITZGERALD, KATHRYN S  
4726 W FAIRVIEW HEIGHTS  
TAMPA, FL 33616 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 FITZGERALD, KATHRYN S  
Address 4726 W FAIRVIEW HEIGHTS  
City-State-Zip: TAMPA FL 33616

*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:** KATHRYN FITZGERALD

MGR

04/15/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date