

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L21000244836

**FILED**  
**Jan 28, 2023**  
**Secretary of State**  
**7193299532CC**

**Entity Name:** CATALYST PHYSICAL THERAPY PLLC

**Current Principal Place of Business:**

1206 COURT STREET  
CLEARWATER, FL 33756

**Current Mailing Address:**

1206 COURT STREET  
CLEARWATER, FL 33756 US

**FEI Number:** 87-0897754

**Certificate of Status Desired:** No

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

KOSTOPOULOS, DIMITRIOS  
1206 COURT STREET  
CLEAR WATER, FL 33756 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 AMBR  
Name KOSTOPOULOS, DIMITRIOS  
Address 1206 COURT STREET  
City-State-Zip: CLEARWATER FL 33756

Title AMBR  
Name HAUSKEY, JENNIFER  
Address 1206 COURT STREET  
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR  
Name RIZOPOULOS, KONSTANTINE  
Address 1206 COURT STREET  
City-State-Zip: CLEARWATER FL 33756

Title MANAGER  
Name MCLELLAN, JEANINE  
Address 1206 COURT STREET  
City-State-Zip: CLEARWATER FL 33756

*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:** DIMITRIOS KOSTOPOULOS

**OWNER**

**01/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date