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.

COO

SIGNATURE: MAXWELL BEMPAH

SIGNATURE: Electronic Signature of Registered Agent

Authorized Person(s) Detail :

	Title	COO	Title	CEO
	Name	BEMPAH, MAXWELL K	Name	POSTOEV, ANGELINA MD
	Address	5931 WEBB ROAD	Address	5931 WEBB ROAD
	City-State-Zip:	TAMPA FL 33615	City-State-Zip:	TAMPA FL 33615
	Title	CIO		
	Name	IBIKUNLE, CHRISTOPHER		
	Address	5931 WEBB ROAD		
	City-State-Zip:	TAMPA FL 33615		

AIVIFA FL 33013 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.

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Current Principal Place of Business:

Entity Name: IDEAL BODY INSTITUTE TAMPA ASC LLC

5931 WEBB ROAD TAMPA, FL 33615

Current Mailing Address:

5931 WEBB ROAD TAMPA, FL 33615 UN

FEI Number: 87-1734580

Name and Address of Current Registered Agent:

BEMPAH, MAXWELL K 5931 WEBB ROAD TAMPA, FL 33615 US

Certificate of Status Desired: No

Date

01/27/2023

Date

FILED Jan 27, 2023 Secretary of State 7682833815CC

Electronic Signature of Signing Authorized Person(s) Detail