**2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED**
**Apr 30, 2025**
**Secretary of State**
**2964510470CC**

DOCUMENT# L21000358564

**Entity Name:** IC THERAPY, LLC

**Current Principal Place of Business:**

1900 HILLCREST STREET
ORLANDO, FL 32803

**Current Mailing Address:**

1900 HILLCREST STREET
ORLANDO, FL 32803 US

**FEI Number: 87-2116119**

**Certificate of Status Desired:** No

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

GUERRELUS, ELANGE
16470 CEDAR RUN DRIVE 16470 CEDAR RUN DR
ORLANDO, FL 32828 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 | MANAGER |
| Name | GUERRELUS, ELANGE |
| Address | 16470 CEDAR RUN DRIVE |
| City-State-Zip: | ORLANDO FL 32828 |

*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: ELANGE GUERRELUS MANAGER 04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date