2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2025
Secretary of State
5684802271CC

DOCUMENT# L21000477289

Entity Name: REVIVE PHYSICAL THERAPY LLC

Current Principal Place of Business:

2151 45TH STREET
104
WEST PALM BEACH, FL 33407

Current Mailing Address:

2151 45TH STREET
104
WEST PALM BEACH, FL 33407 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STANLEY , BLAIRE TTEE
2151 45TH STREET
104
WEST PALM BEACH, FL 33407 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: BLAIRE STANLEY 04/23/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	STANLEY, BLAIRE TTEE, ADMINISTRATOR
Address	2151 45TH STREET SUITE 104
City-State-Zip:	WEST PALM BEACH FL 33407

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: BLAIRE STANLEY TTEE, ADMINISTRATOR 04/23/2025

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