2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2024
Secretary of State
4290363944CC

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Entity Name: ELEVATE PHYSICAL THERAPY, LLC

Current Principal Place of Business:

3554 WEST ORANGE COUNTRY CLUB DRIVE
UNIT 230
WINTER GARDEN, FL 34787

Current Mailing Address:

3554 WEST ORANGE COUNTRY CLUB DRIVE
UNIT 230
WINTER GARDEN, FL 34787 US

FEI Number: 88-0766296

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIKES, RONALD W ESQ
310 SOUTH DILLARD STREET, SUITE 120
WINTER GARDEN, FL 34787 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	Title	MGR
Name	LOWERY, TORONO	Name	SWIDERSKI, SADIE
Address	13237 OVERSTREET ROAD	Address	500 MAGUIRE PARK STREET, APARTMENT 211
City-State-Zip:	WINDERMERE FL 34786	City-State-Zip:	OCOEE FL 34761

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: SADIE SWIDERSKI OWNER, DPT 02/09/2024

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