

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000331447

Entity Name: PHYSIOFIRST WELLBEING, LLC

Current Principal Place of Business:

10166 EASTERN LAKE AVE
104
ORLANDO, FL 32817

Current Mailing Address:

10166 EASTERN LAKE AVE
104
ORLANDO, FL 32817 US

FEI Number: 88-3534293

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARRA, ERICCA F
10166 EASTERN LAKE AVE
104
ORLANDO, FL 32817 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 OWNER
Name PARRA, ERICCA
Address 10166 EASTERN LAKE AVE
 104
City-State-Zip: ORLANDO FL 32817

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: ERICCA PARRA

OWNER

01/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date