

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000437474

**Entity Name:** MOVEMENTRX LLC

**Current Principal Place of Business:**

599 9TH STREET NORTH  
SUITE 308  
NAPLES, AL 34102

**Current Mailing Address:**

599 9TH STREET NORTH  
SUITE 308  
NAPLES, FL 34102

**FEI Number:** 88-4167756

**Certificate of Status Desired:** No

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

WHITE, MICHAEL A PT, DPT  
599 9TH STREET NORTH  
SUITE 308  
NAPLES, FL 34102 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  
Name WHITE, MICHAEL A PT,DPT  
Address 461 HUNTINGTON DR  
City-State-Zip: NAPLES FL 34109

Title AMBR  
Name REPAY, JOSEPH J MD  
Address 16141 CAMDEN LAKES CIR  
City-State-Zip: NAPLES FL 34110

*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:** MICHAEL A WHITE PT, DPT

**MANAGER**

**04/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date