2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2025
Secretary of State
3539917894CC

DOCUMENT# L24000105783

Entity Name: ACTIVE FAMILY PHYSICAL THERAPY, LLC

Current Principal Place of Business:

11366 TRADE COURT
JACKSONVILLE, FL 32256

Current Mailing Address:

105 LOMBARD WAY
SAINT AUGUSTINE, FL 32092

FEI Number: 99-1749758

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JANUSKO, MICHAEL J
105 LOMBARD WAY
SAINT AUGUSTINE, FL 32092 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	AMBR	Title	AMBR
Name	JANUSKO, KAYLEE N	Name	JANUSKO, MICHAEL J
Address	105 LOMBARD WAY	Address	105 LOMBARD WAY
City-State-Zip:	SAINT AUGUSTINE FL 32092	City-State-Zip:	SAINT AUGUSTINE FL 32092

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 JANUSKO AMBR 01/09/2025

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