

2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L25000205118

Entity Name: DR. BEATRIZ MANN THERAPY, LLC

Current Principal Place of Business:

7901 4TH ST N 27986
SAINT PETERSBURG, FL 33702

Current Mailing Address:

7901 4TH ST N 27986
SAINT PETERSBURG, FL 33702 US

FEI Number: 39-2085777

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH ST N
300
SAINT PETERSBURG, FL 33702 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 MGRM
Name MANN, BEATRIZ E
Address 7901 4TH ST N, SUITE 300
City-State-Zip: SAINT PETERSBURG FL 33702

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: BEATRIZ MANN

MGMR

01/23/2026

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date