

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100416

Entity Name: ADVANCED PHYSICAL THERAPY SERVICES, LLC

Current Principal Place of Business:

9945 SW 223 TERRACE
MIAMI, FL 33190

Current Mailing Address:

9945 SW 223 TERRACE
MIAMI, FL 33190

FEI Number: 20-3637645

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BELL, JEANNE
9945 SW 223 TERRACE
MIAMI, FL 33190 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 CHACON, ROLANDO
Address 9945 SW 223 TERR
City-State-Zip: MIAMI FL 33190

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROLANDO CHACON

MEMBER

04/29/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date