

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074977

Entity Name: ABSOLUTE PHYSICAL THERAPY OF SOUTHWEST FLORIDA,
L.L.C.

FILED
Mar 17, 2016
Secretary of State
CC4566544693

Current Principal Place of Business:

9401 FOUNTAIN MEDICAL CT
BONITA SPRINGS, FL 34135

Current Mailing Address:

9401 FOUNTAIN MEDICAL CT
BONITA SPRINGS, FL 34135

FEI Number: 20-5347211

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON, GAYNELL A
1733 SAN BERNARDINO WAY
NAPLES, FL 34109 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 ANDERSON, GAYNELL A
Address 1733 SAN BERNARDINO WAY
City-State-Zip: NAPLES FL 34109

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: GAYNELL ANDERSON

03/17/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date