

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000112054

**Entity Name:** ALLIN PHYSICAL THERAPY, LLC

**Current Principal Place of Business:**

10395 NARCOOSSEE ROAD  
SUITE E  
ORLANDO, FL 32832

**Current Mailing Address:**

10395 NARCOOSSEE ROAD  
SUITE E  
ORLANDO, FL 32832

**FEI Number:** 27-1363801

**Certificate of Status Desired:** Yes

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

TOLENTINO, JONATHAN ESQ.  
501 GOODLETTE RD.  
STE. D-100  
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 MGRM  
Name GAJO, JULINES R  
Address 10395 NARCOOSSEE ROAD  
SUITE E  
City-State-Zip: ORLANDO FL 32832

Title MGRM  
Name GAJO, RICHARD P  
Address 10395 NARCOOSSEE ROAD  
SUITE E  
City-State-Zip: ORLANDO FL 32832

*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:** RICHARD GAJO

MGRM

03/08/2016

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

\_\_\_\_\_  
Date