2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2017
Secretary of State
CC5434233318

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Entity Name: WOMEN'S MANUAL PHYSICAL THERAPY LLC

Current Principal Place of Business:

728 N FERDON BLVD
STE 3
CRESTVIEW, FL 32536

Current Mailing Address:

PO BOX 1772
CRESTVIEW, FL 32536 US

FEI Number: 27-2835024

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JENKINS, RUTH F
728 N. FERDON BLVD.
STE #3
CRESTVIEW, FL 32536 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	JENKINS, RUTH F
Address	PO BOX 1772
City-State-Zip:	CRESTVIEW FL 32536

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: RUTH JENKINS OWNER 03/20/2017

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