

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000008933

Entity Name: BASE PHYSICAL THERAPY, LLC

Current Principal Place of Business:

1989 CAPITAL CIRCLE NORTHEAST
SUITE 9
TALLAHASSEE, FL 32308

Current Mailing Address:

3470 RUSTLEWOOD LN.
TALLAHASSEE, FL 32312

FEI Number: 45-4378138

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARSON, THOMAS
3470 RUSTLEWOOD LN.
TALLAHASSEE, FL 32312 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 MGR
Name LARSON, THOMAS M
Address 3470 RUSTLEWOOD LN.
City-State-Zip: TALLAHASSEE FL 32312

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: THOMAS M LARSON

MANAGING MEMBER

04/26/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date