

**2017 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

MGR

09/09/2017

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

\_\_\_\_\_ Date