

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000002230

**Entity Name:** FRES THERAPY SERVICES, LLC

**Current Principal Place of Business:**

5004 E. FOWLER AVE.  
SUITE 361  
TAMPA, FL 33617

**Current Mailing Address:**

5004 E. FOWLER AVE.  
SUITE 361  
TAMPA, FL 33617

**FEI Number:** 20-2180202

**Certificate of Status Desired:** No

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

FRES, JOSE  
5004 E. FOWLER AVE.  
SUITE 361  
TAMPA, FL 33617 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	Title	MGRM
Name	FRES, JOSE	Name	FRES, GEORGIANA
Address	5004 E. FOWLER AVE.	Address	5004 E. FOWLER AVE.
City-State-Zip:	TAMPA FL 33617	City-State-Zip:	TAMPA FL 33617

*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:** JOSE FRES

MGR

01/24/2016

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

\_\_\_\_\_  
Date