

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000006300

**Entity Name:** ABSOLUTE PHYSICAL & AQUATIC THERAPY, LLC

**Current Principal Place of Business:**

1567 MAIN STREET  
CHIPLEY, FL 32428

**Current Mailing Address:**

1567 MAIN STREET  
CHIPLEY, FL 32428 US

**FEI Number:** 46-1761170

**Certificate of Status Desired:** No

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

LAUREL, RUBEN ALONZO  
1567 MAIN STREET  
CHIPLEY, FL 32428 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:** RUBEN A LAUREL

04/22/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LAUREL, RUBEN A  
Address 1567 MAIN STREET  
City-State-Zip: CHIPLEY FL 32428

*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:** RUBEN A LAUREL

MGR

04/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date