

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000006300

Entity Name: ABSOLUTE PHYSICAL & AQUATIC THERAPY, LLC

Current Principal Place of Business:

1695 MAIN STREET
CHIPLEY, FL 32428

Current Mailing Address:

1695 MAIN STREET
CHIPLEY, FL 32428 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAUREL, RUBEN ALONZO
1695 MAIN ST
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

04/29/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name LAUREL, RUBEN A
Address 1695 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

MNGR

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date