

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000057304

Entity Name: PALMER PHYSICAL THERAPY, LLC

Current Principal Place of Business:

13975 COUNTY ROAD 136
LIVE OAK, FL 32060

Current Mailing Address:

13975 COUNTY ROAD 136
LIVE OAK, FL 32060

FEI Number: 46-2579525

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES, INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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	MGRM	Title	MGRM
Name	PALMER, JOHN	Name	PALMER, KERRY
Address	13975 COUNTY ROAD 136	Address	13975 COUNTY ROAD 136
City-State-Zip:	LIVE OAK FL 32060	City-State-Zip:	LIVE OAK FL 32060

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: JOHN C. PALMER

MGRM

03/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date