

2015 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: No

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC.
841 PRUDENTIAL DRIVE FLOOR 12
JACKSONVILLE, FL 32207 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
Name PALMER, JOHN
Address 13975 COUNTY ROAD 136
City-State-Zip: LIVE OAK FL 32060

Title MGRM
Name PALMER, KERRY
Address 13975 COUNTY ROAD 136
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: KERRY PALMER

02/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date