

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000062764

**Entity Name:** GOOD SAMARITAN PHYSIO-THERAPY,LLC

**Current Principal Place of Business:**

2049 POLO GARDENS DRIVE  
SUITE 101  
WELLINGTON, FL 33414

**FILED**  
**Apr 06, 2015**  
**Secretary of State**  
**CC4680649067**

**Current Mailing Address:**

2049 POLO GARDENS DRIVE  
SUITE 101  
WELLINGTON, FL 33414

**FEI Number: 47-2895940**

**Certificate of Status Desired: No**

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

BENONY, EMMANUEL D  
2049 POLO GARDENS DR  
SUITE 101  
WELLINGTON, FL 33414 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  
Name            BENONY, EMMANUEL  
Address        2049 POLO GARDENS DR SUITE 101  
City-State-Zip: WELLINGTON FL 33414

Title            AP  
Name            BENONY, MARGARETH S  
Address        2049 POLO GARDENS DR SUITE 101  
City-State-Zip: WELLINGTON FL 33414

*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: BENONY, EMMANUEL**

**MANAGER**

**04/06/2015**

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

\_\_\_\_\_  
Date