

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000062764

Entity Name: GOOD SAMARITAN PHYSIO-THERAPY,LLC

Current Principal Place of Business:

2393 SOUTH CONGRESS AVE
SUITE 125
WEST PALM BEACH, FL 33406

Current Mailing Address:

5055 NORTHERN LIGHTS
GREENACRES, FL 33463 US

FEI Number: 47-2895940

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENONY, EMMANUEL D
5055 NORTHERN LIGHTS
GREENACRES, FL 33463 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 | Title | AP |
| Name | BENONY, EMMANUEL | Name | BENONY, MARGARETH S |
| Address | 5055 NORTHERN LIGHTS DR | Address | 5055 NORTHERN LIGHTS DR |
| City-State-Zip: | GREENACRES FL 33463 | City-State-Zip: | GREENACRES FL 33463 |

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: EMMANUEL BENONY

MGR

04/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date