

**2019 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:** Yes

**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

**MANAGER**

**04/26/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date