

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000063959

Entity Name: MIL-LAKE WELLNESS & PHYSICAL THERAPY, LLC

Current Principal Place of Business:

4849 LAKE WORTH ROAD
GREENACRES, FL 33463

Current Mailing Address:

4849 LAKE WORTH ROAD
GREENACRES, FL 33463 US

FEI Number: 46-5437904

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PYTHON, FRANTZ
4849 LAKE WORTH ROAD
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: DENISE MANNING

01/19/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ABELLARD, DAVID
Address 4849 LAKE WORTH ROAD
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: DAVID ABELLARD MD

P

01/19/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date