

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000000961

Entity Name: AM THERAPY SERVICES LLC

Current Principal Place of Business:

12250 NW 8 ST
MIAMI, FL 33182

Current Mailing Address:

12250 NW 8 ST
MIAMI, FL 33182 US

FEI Number: 47-2675335

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARCIA, ANA M
12250 NW 8 ST
MIAMI, FL 33182 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 MENENDEZ, ALDO
Address 12250 NW 8 ST
City-State-Zip: MIAMI FL 33182

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: ALDO MENENDEZ

MGR

03/01/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date