

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000000961

Entity Name: AM THERAPY SERVICES LLC

Current Principal Place of Business:

8004 NW 154 ST
248
MIAMI LAKES, FL 33016

Current Mailing Address:

8004 NW 154 ST
248
MIAMI LAKES, FL 33016 US

FEI Number: 47-2675335

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARCIA, ANA M
8004 NW 154 ST
248
MIAMI LAKES, FL 33016 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 8004 NW 154 ST #248
City-State-Zip: MIAMI LAKES FL 33016

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 ARCIA

MGR

03/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date