

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000018831

**Entity Name:** AMY PARKER THERAPY SERVICES, PLLC

**Current Principal Place of Business:**

506 NW 526TH STREET  
CROSS CITY, FL 32628

**Current Mailing Address:**

506 NW 526TH STREET  
CROSS CITY, FL 32628 US

**FEI Number:** 47-2992194

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROWELL, KYLE  
215 W COLLEGE AVE  
TALLAHASSEE, FL 32301 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:** KYLE ROWELL

04/12/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            PARKER, AMY  
Address        506 NW 526TH STREET  
City-State-Zip: CROSS CITY FL 32628

Title            CFO  
Name            PARKER, JOSEPH RYAN  
Address        506 NW 526TH STREET  
City-State-Zip: CROSS CITY FL 32628

*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:** AMY PARKER

PRESIDENT

04/12/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date