

2023 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

05/01/2023

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

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date