

**2018 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:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
A  
TAMPA, FL 33612 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	PRESIDENT	Title	CFO
Name	PARKER, AMY	Name	PARKER, JOSEPH RYAN
Address	506 NW 526TH STREET	Address	506 NW 526TH STREET
City-State-Zip:	CROSS CITY FL 32628	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**

**04/23/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date