

2020 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:

PO BOX 1423
PERRY, FL 32347 US

FEI Number: 47-2992194

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD
SUITE 36
ORLANDO, FL 32822 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 C. PARKER

PRESIDENT

01/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date