

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000041981

**Entity Name:** O'LEARY PHYSICAL THERAPY LLC

**Current Principal Place of Business:**

5150 VISTAMERE COURT  
ORLANDO, FL 32819

**Current Mailing Address:**

5150 VISTAMERE COURT  
ORLANDO, FL 32819 US

**FEI Number:** 47-3368215

**Certificate of Status Desired:** No

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

O'LEARY, JACOB M  
5150 VISTAMERE COURT  
ORLANDO, FL 32819 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	MGRM	Title	MGR
Name	O'LEARY, JACOB M	Name	O'LEARY, NATHALIE
Address	5150 VISTAMERE COURT	Address	5150 VISTAMERE COURT
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 32819

*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:** JACOB O'LEARY

**MGRM**

**02/01/2017**

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

\_\_\_\_\_  
Date