

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000041981

Entity Name: O'LEARY PHYSICAL THERAPY LLC

Current Principal Place of Business:

15643 SYLVESTER PALM DR
WINTER GARDEN, FL 34787

Current Mailing Address:

15643 SYLVESTER PALM DR
WINTER GARDEN, FL 34787 US

FEI Number: 47-3368215

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'LEARY, JACOB M
15643 SYLVESTER PALM DR
WINTER GARDEN, FL 34787 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
Name O'LEARY, JACOB M
Address 15643 SYLVESTER PALM DR
City-State-Zip: WINTER GARDEN FL 34787

Title MGR
Name O'LEARY, NATHALIE
Address 15643 SYLVESTER PALM DR
City-State-Zip: WINTER GARDEN FL 34787

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 M O'LEARY

OWNER

02/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date