

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000073242

**Entity Name:** RITECARE PHYSICAL THERAPY, LLC

**Current Principal Place of Business:**

2100 FRANKLIN STREET, SUITE 355  
OAKLAND, CA 94612

**Current Mailing Address:**

2100 FRANKLIN STREET, SUITE 355  
OAKLAND, CA 94612 US

**FEI Number: 82-4006320**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGER  
Name           MANDAVIA, MD, SUJAL  
Address        2100 FRANKLIN STREET, SUITE 355  
City-State-Zip: OAKLAND CA 94612

Title           MANAGER  
Name           CARBON HEALTH MEDICAL GROUP  
                  OF FLORIDA, P.A.  
Address        2100 FRANKLIN STREET, SUITE 355  
City-State-Zip: OAKLAND CA 94612

*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: MD, SUJAL MANDAVIA**

**MANAGER**

**03/05/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date