

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000025021

**Entity Name:** PROFESSIONAL SOUTH THERAPY LLC

**Current Principal Place of Business:**

4710 SW 104 AVE  
MIAMI, FL 33165

**Current Mailing Address:**

4710 SW 104 AVE  
MIAMI, FL 33165 US

**FEI Number: 81-1536310**

**Certificate of Status Desired:** No

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

EXPOSITO, ADRIAN  
4710 SW 104 AVE  
MIAMI, FL 33165 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 MGR  
Name EXPOSITO, ADRIAN  
Address 4710 SW 104 AVE  
City-State-Zip: MIAMI FL 33165

*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: ADRIAN EXPOSITO**

**MGR**

**03/22/2021**

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

\_\_\_\_\_  
Date