

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000048181

Entity Name: AXISPRO PHYSICAL THERAPY LLC

Current Principal Place of Business:

405 N. WICKHAM RD.,
STE 103
MELBOURNE, FL 32935

Current Mailing Address:

405 N. WICKHAM RD.,
STE 103
MELBOURNE, FL 32935 US

FEI Number: 81-1777625

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOLIK, MACIEJ
405 N. WICKHAM RD
SUITE 103
MELBOURNE, FL 32903 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 MOLIK, MACIEJ S
Address 405 N. WICKHAM RD.,
STE 103
City-State-Zip: MELBOURNE FL 32935

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: MACIEJ MOLIK

MANAGER

02/06/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date