

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000057077

Entity Name: THERAPY LINK OF CENTRAL FLORIDA, PLLC

Current Principal Place of Business:

16021 SAINT CLAIR ST.
CLERMONT, FL 34714

Current Mailing Address:

16021 SAINT CLAIR ST.
CLERMONT, FL 34714 US

FEI Number: 81-1996879

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS COURT
SUITE A
TAMPA FL 33612 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	AMBR	Title	AMBR
Name	ZHUCHKAN, BARBARA	Name	KRURNOWSKI, MAUREEN
Address	16021 SAINT CLAIR ST.	Address	16021 SAINT CLAIR ST.
City-State-Zip:	CLERMONT FL 34714	City-State-Zip:	CLERMONT FL 34714

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: BARBARA ZHUCHKAN

CO-OWNER

04/18/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date