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

Electronic Signature of Signing Authorized Person(s) Detail

2017 FLORIDA LIM	ITED LIABILITY CON	IPANY 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

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

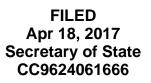
Authorized Person(s) Detail :

AMBR	Title	AMBR
ZHUCHKAN, BARBARA	Name	KRURNOWSKI, MAUREEN
16021 SAINT CLAIR ST.	Address	16021 SAINT CLAIR ST.
CLERMONT FL 34714	City-State-Zip:	CLERMONT FL 34714
	AMBR ZHUCHKAN, BARBARA 16021 SAINT CLAIR ST.	AMBRTitleZHUCHKAN, BARBARAName16021 SAINT CLAIR ST.Address

ddress	16021 SAINT CLAIR ST.
City-State-Zip:	CLERMONT FL 34714

Certificate of Status Desired: Yes

04/18/2017 Date



Date

CO-OWNER