

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000117233

Entity Name: PHYSICAL THERAPY ATHLETIC CENTER LLC

Current Principal Place of Business:

6840 SW 40 STREET
SUITE 210
MIAMI, FL 33155

Current Mailing Address:

6840 SW 40 STREET
SUITE 210
MIAMI, FL 33155 US

FEI Number: 81-3077472

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORALES-ROSE, ARMANDO
6840 SW 40 STREET
SUITE 210
MIAMI, FL 33155 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: ARMANDO MORALES-ROSE

03/16/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name NUNEZ, ADRIAN
Address 6840 SW 40 STREET
SUITE 210
City-State-Zip: MIAMI FL 33155

Title MGRM
Name MORALES-ROSE, ARMANDO
Address 6840 SW 40 STREET
SUITE 210
City-State-Zip: MIAMI FL 33155

Title MGRM
Name ABRAHAM, VIVAKE
Address 6840 SW 40 STREET
SUITE 210
City-State-Zip: MIAMI FL 33155

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: ARMANDO MORALES-ROSE

PRESIDENT

03/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date