

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000194146

Entity Name: FUNCTIONAL PHYSICAL MEDICINE, LLC

Current Principal Place of Business:

920 FIRETREE ROAD
NORTH PALM BEACH, FL 33408

Current Mailing Address:

920 FIRETREE ROAD
NORTH PALM BEACH, FL 33408

FEI Number: 81-4189870

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RUST, NICHOLAS J DR.
920 FIRETREE ROAD
NORTH PALM BEACH, FL 33408 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 CEO
Name RUST, NICHOLAS J DR.
Address 920 FIRETREE ROAD
City-State-Zip: NORTH PALM BEACH FL 33408

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: NICHOLAS RUST

CEO

02/21/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date