

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000043505

**Entity Name:** PREMIER PHYSICAL THERAPY LLC

**Current Principal Place of Business:**

2520 CORAL WAY  
UNIT 3  
MIAMI, FL 33145

**Current Mailing Address:**

2520 CORAL WAY  
UNIT 3  
MIAMI, FL 33145 US

**FEI Number:** 82-4486475

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EPGD ATTORNEYS AT LAW, P.A.  
777 SW 37TH AVE  
STE 510  
MIAMI, FL 33135 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	Title	MGR
Name	REVILLA, DAYLEN	Name	HALL, JASON
Address	2690 SW 22ND STREET UNIT 3	Address	2690 SW 22ND STREET UNIT 3
City-State-Zip:	MIAMI FL 33135	City-State-Zip:	MIAMI FL 33135

*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:** DAYLEN REVILLA

**PARTNER**

**04/14/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date