

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000080828

Entity Name: DELRAY THERAPY HOLDINGS, LLC

Current Principal Place of Business:

5840 CORPORATE WAY
SUITE 101
WEST PALM BEACH, FL 33407

Current Mailing Address:

5840 CORPORATE WAY
SUITE 101
WEST PALM BEACH, FL 33407 US

FEI Number: 82-5025826

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARRON & KOGAN, CPAS, P.A.
12788 W. FOREST HILL BLVD., SUITE 1003
WELLINGTON, FL 33414 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
Name GOLD COAST PHYSICAL THERAPY ASSOCIATES
Address 6169 JOG ROAD, SUITE A-11
City-State-Zip: LAKE WORTH FL 33467

Title MGR
Name DAVIS, JOSHUA
Address 7431 W. ATLANTIC AVENUE #52
City-State-Zip: DELRAY BEACH FL 33446

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: MICHAEL L GRAVES

MGR

03/13/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date