

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000084987

Entity Name: NCS OCCUPATIONAL THERAPY SERVICES LLC

Current Principal Place of Business:

3724 STATHAM DR
APOPKA, FL 32712

Current Mailing Address:

3724 STATHAM DR
APOPKA, FL 32712

FEI Number: 82-5430275

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEWARD, NICOLE C
3724 STATHAM DR
APOPKA, FL 32712 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 STEWARD, NICOLE C
Address 3724 STATHAM DR
City-State-Zip: APOPKA FL 32712

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: NICOLE STEWARD

04/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date