

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000147963

**Entity Name:** ALLEGIANCE TRAUMA THERAPY AND CONSULTING L.L.C.

**Current Principal Place of Business:**

17552 SUNTIME ST.  
PANAMA CITY BEACH, FL 32413

**Current Mailing Address:**

17552 SUNTIME ST.  
PANAMA CITY BEACH, FL 32413 US

**FEI Number: 83-0938552**

**Certificate of Status Desired: Yes**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
A  
TAMPA, FL 33612 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 CROSS, PATRICIA  
Address 17552 SUNTIME ST.  
City-State-Zip: PANAMA CITY BEACH FL 32413

*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: PATRICIA CROSS** \_\_\_\_\_

**MANAGER**

**04/27/2019**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date