

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000184185

**Entity Name:** PHYSIOYOUAMI, LLC

**Current Principal Place of Business:**

4300 BISCAYNE BLVD  
305  
MIAMI, FL 33137

**Current Mailing Address:**

PO BOX 450116  
MIAMI, FL 33245 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FARRELL, PATEL, JOMARRON, & LOPEZ PLLC  
4300 BISCAYNE BLVD  
305  
MIAMI, FL 33137 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	DIAZ, JENNY F	Name	DIAZ, ORLANDO
Address	PO BOX 450116	Address	PO BOX 450116
City-State-Zip:	MIAMI FL 33245	City-State-Zip:	MIAMI FL 33245

*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:** JENNY DIAZ

**MGR**

**04/26/2019**

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

\_\_\_\_\_  
Date