

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000252801

Entity Name: BROWARD THERAPISTS PLLC

Current Principal Place of Business:

7520 NW 5TH STREET
STE 203
PLANTATION, FL 33317

Current Mailing Address:

7520 NW 5TH STREET
STE 203
PLANTATION, FL 33317 US

FEI Number: 83-2557011

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVERA, YARITZA
7520 NW 5TH STREET
STE 203
PLANTATION, FL 33317 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 AMBR
Name JOHANSEN, JUSTIN
Address 7520 NW 5TH STREET
 STE 203
City-State-Zip: PLANTATION FL 33317

Title MGR
Name RIVERA, YARITZA
Address 7520 NW 5TH STREET
 STE 203
City-State-Zip: PLANTATION FL 33317

Title AMBR
Name RIVERA, YARITZA
Address 7520 NW 5TH STREET
 STE 203
City-State-Zip: PLANTATION FL 33317

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: JUSTIN JOHANSEN

AMBR

03/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date