

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000259542

Entity Name: A PLUS THERAPY CENTER LLC

Current Principal Place of Business:

12360 SW 132 CT
SUITE 104
MIAMI, FL 33186

Current Mailing Address:

12360 SW 132 CT
SUITE 104
MIAMI, FL 33186 US

FEI Number: 83-2475416

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZAINADINE, IBRAIMO G
12360 SW 132 CT
SUITE 104
MIAMI, FL 33186 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 ZAINADINE, IBRAIMO G
Address 12360 SW 132 CT, SUITE 104
City-State-Zip: MIAMI FL 33186

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: IBRAIMO ZAINADINE

MANAGER

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date