

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000265393

**Entity Name:** 440 PHYSICAL THERAPY CENTER LLC

**Current Principal Place of Business:**

1507 GRANT STREET  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

1507 GRANT STREET  
HOLLYWOOD, FL 33020

**FEI Number:** 83-2557273

**Certificate of Status Desired:** Yes

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

FLORIAN, CARLOS  
1507 GRANT STREET  
HOLLYWOOD, FL 33020 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 P  
Name FLORIAN, CARLOS  
Address 1507 GRANT STREET  
City-State-Zip: HOLLYWOOD FL 33020

Title VP  
Name PARRA, MAXINE  
Address 1507 GRANT STREET  
City-State-Zip: HOLLYWOOD FL 33020

*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:** CARLOS FLORIAN

P

04/07/2019

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

\_\_\_\_\_  
Date