

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000289807

Entity Name: WESLEY CHAPEL PHYSICAL THERAPY AND ASSOCIATES LLC

Current Principal Place of Business:

2527 WINDGUARD CIR STE 101
WESLEY CHAPEL, FL 33544

Current Mailing Address:

2527 WINDGUARD CIRCLE STE 101
WESLEY CHAPEL, FL 33544 US

FEI Number: 84-3937625

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE LAW OFFICES OF PATRICK LEDUC PA
4809 E BUSCH BLVD
SUITE 204
TAMPA, FL 33617 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	Title	AMBR
Name	HALPERN, EVA	Name	PASZEK, MARIUSZ
Address	2527 WINDGUARD CIRCLE STE 101	Address	2527 WINDGUARD CIRCLE STE 101
City-State-Zip:	WESLEY CHAPEL FL 33544	City-State-Zip:	WESLEY CHAPEL FL 33544

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: EVA HALPERN _____

AMBR

03/06/2022

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date