

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000383471

**Entity Name:** ONE ON ONE PHYSICAL THERAPY LLC

**Current Principal Place of Business:**

330 SW 27TH ST.  
GAINESVILLE, FL 32607

**Current Mailing Address:**

330 SW 27TH ST.  
GAINESVILLE, FL 32607

**FEI Number:** 85-4277681

**Certificate of Status Desired:** No

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

ALBAGLI, SHLOMIT S DR.  
330 SW 27TH ST.  
GAINESVILLE, FL 32607 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 SHLOMIT, ALBAGLI S DR.  
Address 330 SW 27TH ST.  
City-State-Zip: GAINESVILLE FL 32607

*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:** SHLOMIT S ALBAGLI

DPT

04/09/2021

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

\_\_\_\_\_ Date