

2024 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 ALBAGLI

DR

04/17/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date