

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000042732

Entity Name: L'IMAGE PHYSICAL THERAPY LLC

Current Principal Place of Business:

5741 SW 109 AVE
DAVIE, FL, FL 33328

Current Mailing Address:

5741 SW 109 AVE
DAVIE, FL, FL 33328 US

FEI Number: 86-1630379

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STANLEY, YVELISE
5741 SW 109 AVE
DAVIE, FL 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
Name STANLEY, YVELISE
Address 5741 SW 109 AVE
City-State-Zip: DAVIE, FL FL 33328

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: YVELISE STANLEY

**CEO/AUTHORIZED
MANAGER**

04/23/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date