

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000145321

Entity Name: SSB PHYSICAL THERAPY LLC

Current Principal Place of Business:

1019 SOUTH HIAWASSEE RD
APT 3812
ORLANDO, FL 32835

Current Mailing Address:

1019 SOUTH HIAWASSEE RD
APT 3812
ORLANDO, FL 32835 US

FEI Number: 86-3111585

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DA SILVA BORGES, SERGIO
1019 SOUTH HIAWASSEE RD
APT 3812
ORLANDO, FL 32835 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	Title	MGR
Name	DA SILVA BORGES, SERGIO	Name	FERREIRA REVERTE, SIMONE
Address	1019 SOUTH HIAWASSEE RD APT 3812	Address	1019 SOUTH HIAWASSEE RD APT 3812
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835

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: SERGIO DA SILVA BORGES

02/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date