

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000349484

Entity Name: SB PHYSICAL THERAPY LLC

Current Principal Place of Business:

401 NW 17TH ST
FORT LAUDERDALE, FL 33311

Current Mailing Address:

401 NW 17TH ST
FORT LAUDERDALE, FL 33311 US

FEI Number: 88-3738087

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 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 AUTHORIZED MEMBER
Name BARBORINI, STEPHEN
Address 401 NW 17TH ST
City-State-Zip: FORT LAUDERDALE FL 33311

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: STEPHEN BARBORINI

MEMBER

02/02/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date