

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000118195

Entity Name: AMA THERAPY SERVICES, LLC

Current Principal Place of Business:

14009 SW 67 TERRACE
MIAMI, FL 33183

Current Mailing Address:

14009 SW 67 TERRACE
MIAMI, FL 33183

FEI Number: 92-2918504

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ALFONSO, AILIN M
14009 SW 67 TERRACE
MIAMI, FL 33183 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 AILIN MACHADO ALFONSO
Address 14009 SW 67 TERRACE
City-State-Zip: MIAMI FL 33183

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: AILIN MACHADO

OWNER

03/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date