

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000006623

Entity Name: PEDIATRIC THERAPEUTIC SERVICES LLC

Current Principal Place of Business:

525 FAYETTE STREET
CONSHOHOCKEN, PA 19428

Current Mailing Address:

525 FAYETTE STREET
CONSHOHOCKEN, PA 19428 US

FEI Number: 23-2983406

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name QUIGLEY, PETER W
Address 999 BIG BEAVER RD
City-State-Zip: TROY MI 48084

Title DIRECTOR
Name POLEHNA, JAMES
Address 999 BIG BEAVER RD
City-State-Zip: TROY MI 48084

Title CFO
Name THIROT, QLIVIER
Address 999 BIG BEAVER RD
City-State-Zip: TROY MI 48084

Title PRESIDENT
Name QUIGLEY, PETER W
Address 999 BIG BEAVER RD
City-State-Zip: TROY MI 48084

Title TREASURER
Name ORSINI, MICHEL F
Address 999 BIG BEAVER RD
City-State-Zip: TROY MI 48084

Title ASST. TREASURER
Name SEMENTKOWSKI, NICOLE
Address 999 BIG BEAVER RD
City-State-Zip: TROY MI 48084

Title VP
Name SOARES, NICOLA
Address 999 BIG BEAVER RD
City-State-Zip: TROY MI 48084

Title SECRETARY
Name POLEHNA, JAMES M
Address 999 BIG BEAVER RD
City-State-Zip: TROY MI 48084

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: PAULETTE OKERSTROM

**SR ACCOUNTING
ANALYST**

03/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date