

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90007 041 ****50.00

DOCUMENT # L 01 0000 17653

1. Entity Name

Peaksides Physical Therapy, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1010 SE 6th PL

3. Mailing Address

1010 SE 6th PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

59-3758342

Applied For

Not Applicable

Zip

34471

Country

USA

Zip

34471

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Jane Rowan

Street Address (P.O. Box Number is Not Acceptable)

1010 SE 6th PL

City Ocala

FL

Zip Code

34471

**DO NOT WRITE
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME Jane A. Rowan
STREET ADDRESS 1010 SE 6th PL
CITY- ST- ZIP Ocala, FL 34471

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)