

LOG 0000 81372

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Statement  
of  
Authority

10/11/2020  
DOCUMENT

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gainesville Physical Therapy and Wellness, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Star M. Sansone

Name of Person

Salter Feiber, P.A.

Firm/Company

3940 N.W. 16th Blvd, Bldg. B

Address

Gainesville, Florida 32605

City/State and Zip Code

lowerdpt@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Star M. Sansone

Name of Person

352

Area Code

376-8201

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS  
JAN 13 2011  
TALLAHASSEE, FLORIDA

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: Gainesville Physical Therapy and Wellness, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L06000081372

**THIRD:** The street address of the limited liability company's principal office is:

4113-C N.W. 6th Street

Gainesville, Florida 32609

The mailing address of the limited liability company's principal office is:

4113-C N.W. 6th Street

Gainesville, Florida 32609

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

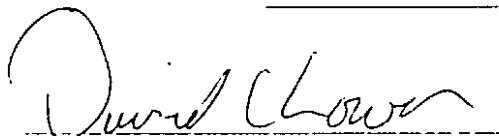
a. Granted to: David C. Lower

b. No authority granted to: Erienne Blanchard

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: David C. Lower

b. No authority granted to: Erienne Blanchard

  
Signature of authorized representative

DAVID C. LOWER  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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