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SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

MAR 18 2022

BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RADER PELVIC PHYSICAL THERAPY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HEATHER S RADER

Name of Person

Firm/Company

704 HILLTOP COURT

Address

MOUNT DORA, FL 32757

City/State and Zip Code

THEOBPTCLINIC@GMAIL.COM

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

For further information concerning this matter, please call:

HEATHER S RADER

Name of Person

352
at ()
Area Code

630-4742
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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~~2022 MAR -7 AM 10:31~~

SECRETARY OF STATE
TALLAHASSEE, FL.

If Changing Registered Agent, Signature of New Registered Agent

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEBRUARY 24 2022

Jeffrey S. Rader
Signature of a member

Signature of a member or authorized representative of a member

HEATHER S RADER

Typed or printed name of signee

Filing Fee: \$25.00