

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 503552

**Entity Name:** LAKE PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

175 S ENGLISH STATION RD STE 218  
LOUISVILLE, KY 40245

**Current Mailing Address:**

175 S ENGLISH STATION RD STE 218  
LOUISVILLE, KY 40245 US

**FEI Number:** 59-1711365

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FL  
TALLAHASSEE, FL 32301 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

**Officer/Director Detail :**

Title PRESIDENT

Name BENZ, LAURENCE N.

Address 175 S ENGLISH STATION RD STE 218

City-State-Zip: LOUISVILLE KY 40245

Title DIRECTOR

Name BENZ, LAURENCE N.

Address 175 S ENGLISH STATION RD STE 218

City-State-Zip: LOUISVILLE KY 40245

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAURENCE N BENZ

**DIRECTOR**

**04/29/2022**

Electronic Signature of Signing Officer/Director Detail

Date