

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000058095

**Entity Name:** ML PHYSICAL THERAPY, CORP.

**Current Principal Place of Business:**

8775 NW 153 TERR  
MIAMI LAKES, FL 33018

**Current Mailing Address:**

8775 NW 153 TERR  
MIAMI LAKES, FL 33018

**FEI Number: 45-5623640**

**Certificate of Status Desired: No**

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

FERNANDEZ, MANUEL ANTONIO  
8775 NW 153 TERR  
MIAMI LAKES, FL 33018 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 D/P  
Name FERNANDEZ, MANUEL ANTONIO  
Address 8775 NW 153 TERR  
City-State-Zip: MIAMI LAKES FL 33018

*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: MANUEL ANTONIO FERNANDEZ**

**PRESIDENT**

**04/24/2023**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date