

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000016724

**Entity Name:** MANDLER PHYSICAL THERAPY, P.A.

**Current Principal Place of Business:**

1430 SOUTH DIXIE HWY  
SUITE 116  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1430 SOUTH DIXIE HWY  
SUITE 116  
CORAL GABLES, FL 33146 US

**FEI Number:** 82-4908103

**Certificate of Status Desired:** No

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

REGISTERED AGENTS OF FLORIDA, LLC  
100 SE 2ND STREET, SUITE 2900  
MIAMI, FL 33131 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 DPST  
Name MANDLER, ELI  
Address 1516 CERTOSA AVENUE  
City-State-Zip: CORAL GABLES FL 33146

*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:** ELI MANDLER

**PRESIDENT**

**01/30/2023**

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

\_\_\_\_\_  
Date