

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000062802

**Entity Name:** JACOB WEISSMAN PHYSICAL THERAPY P.A.

**Current Principal Place of Business:**

490 NE 5TH AVE  
4418  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

490 NE 5TH AVE  
4418  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 84-3240149

**Certificate of Status Desired:** No

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

WEISSMAN, JACOB  
490 NE 5TH AVE  
4418  
FORT LAUDERDALE, FL 33301 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:** JACOB WEISSMAN

02/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name WEISSMAN, JACOB  
Address 490 NE 5TH AVE  
4418  
City-State-Zip: FORT LAUDERDALE FL 33301

Title VPTS  
Name WEISSMAN, JACOB  
Address 490 NE 5TH AVE  
4418  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** JACOB WEISSMAN

PRESIDENT

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date