

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000070108

Entity Name: LAKE AREA PHYSICAL THERAPY CRESCENT CITY, INC.

Current Principal Place of Business:

101 EUCALYPTUS AVENUE
CRESCENT CITY, FL 32112

Current Mailing Address:

PO BOX 1099
MELROSE, FL 32666 US

FEI Number: 85-2985690

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HODGES, LAURA S
25727 NE SR 26
MELROSE, FL 32666 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 PTSD
Name HODGES, LAURA S
Address 25727 NE SR 26
City-State-Zip: MELROSE FL 32666

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: LAURA HODGES

OWNER

01/24/2022

Electronic Signature of Signing Officer/Director Detail

Date