

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007076

Entity Name: PETER BABB HOME PHYSICAL THERAPY LLC

Current Principal Place of Business:

218 NEWPORT DR
707
NAPLES, FL 34114

Current Mailing Address:

218 NEWPORT DR
707
NAPLES, FL 34114

FEI Number: 90-0825095

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BABB, PETER C
218 NEWPORT DR. #707
NAPLES, FL 34114 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

Authorized Person(s) Detail :

Title MGR
Name BABB, PETER COWNER
Address 218 NEWPORT DR. #707
City-State-Zip: NAPLES FL 34114

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETER BABB

OWNER

02/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date