

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000069926

**Entity Name:** BEAL HOME PHYSICAL THERAPY, P.L.

**Current Principal Place of Business:**

6461 SPARTINA CIRCLE  
JUPITER, FL 33458

**Current Mailing Address:**

6461 SPARTINA CIRCLE  
JUPITER, FL 33458 US

**FEI Number:** 20-5195716

**Certificate of Status Desired:** No

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

BEAL, JENNIFER  
6461 SPARTINA CIRCLE  
JUPITER, FL 33458 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            PRES  
Name            BEAL, JENNIFER  
Address        6461 SPARTINA CIRCLE  
City-State-Zip: JUPITER FL 33458

*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:** JENNIFER BEAL

**PRESIDENT**

**04/07/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date