

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000088728

**Entity Name:** GARDENS PHYSICAL MEDICINE, LLC

**Current Principal Place of Business:**

DR PHIL SCUDERI  
4383 NORTHLAKE BLVD., SUITE 309  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

DR PHIL SCUDERI  
4383 NORTHLAKE BLVD., SUITE 309  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 26-0810296

**Certificate of Status Desired:** No

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

CORPORATION COMPANY OF MIAMI  
250 AUSTRALIAN AVENUE  
SUITE 500 (JAF)  
WEST PALM BEACH, FL 33401 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 SCUDERI, PHILIP J DC  
Address 4383 NORTHLAKE BLVD., SUITE 309  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title MGR  
Name SCUDERI, WENDY M  
Address 4383 NORTHLAKE BLVD SUITE 309  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** WENDY SCUDERI

**MANAGER**

**04/27/2019**

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

\_\_\_\_\_  
Date