

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000112054

Entity Name: ALLIN PHYSICAL THERAPY, LLC

Current Principal Place of Business:

10395 NARCOOSSEE ROAD
SUITE E
ORLANDO, FL 32832

Current Mailing Address:

10395 NARCOOSSEE ROAD
SUITE E
ORLANDO, FL 32832

FEI Number: 27-1363801

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TOLENTINO, JONATHAN ESQ.
501 GOODLETTE RD.
STE. D-100
NAPLES, FL 34102 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 MGRM
Name GAJO, JULINES R
Address 10395 NARCOOSSEE ROAD
SUITE E
City-State-Zip: ORLANDO FL 32832

Title MGRM
Name GAJO, RICHARD P
Address 10395 NARCOOSSEE ROAD
SUITE E
City-State-Zip: ORLANDO FL 32832

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: RICHARD GAJO

MGRM

03/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date