

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000062533

Entity Name: WOMEN'S MANUAL PHYSICAL THERAPY LLC

Current Principal Place of Business:

728 N. FERDON BLVD.
SUITE 3
CRESTVIEW, FL 32536

Current Mailing Address:

1751 MOUND STREET
SUITE 102
SARASOTA, FL 34236 US

FEI Number: 27-2835024

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: JAMES HALPIN, SECRETARY

04/04/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	THOMPSON, ERIC	Name	BELMONT, BRIAN
Address	PO BOX 1772	Address	PO BOX 1772
City-State-Zip:	CRESTVIEW FL 32536-7772	City-State-Zip:	CRESTVIEW FL 32536-7772

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: ERIC THOMPSON

MANAGER

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date