

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000104353

**Entity Name:** PHYSICAL THERAPY PLUS BY THE SEA, LLC

**Current Principal Place of Business:**

4747 NORTH OCEAN DR  
261  
FT. LAUDERDALE, FL 33308

**Current Mailing Address:**

4747 NORTH OCEAN DR  
261  
FT. LAUDERDALE, FL 33308 US

**FEI Number:** 27-3605168

**Certificate of Status Desired:** Yes

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

ERASMUS, CLINTON  
4747 NORTH OCEAN DR  
261  
FT. LAUDERDALE, FL 33308 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:** CLINTON ERASMUS

01/08/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ERASMUS, CLINTON  
Address 1319 SW 23RD CT  
City-State-Zip: FORT LAUDERDALE FL 33315

*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:** CLINTON ERASMUS

OWNER/MANAGER

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date