

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000105284

Entity Name: TAYLOR THERAPY, LLC

Current Principal Place of Business:

11555 HERON BAY BOULEVARD #200
SUITE 200
CORAL SPRINGS, FL 33076

Current Mailing Address:

4715 NW 119TH AVE.
CORAL SPRINGS, FL 33076 US

FEI Number: 45-3387203

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAYLOR, MARVIN W
4715 NW 119TH AVE.
CORAL SPRINGS, FL 33076 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 TAYLOR, MARVIN W
Address 4715 NW 119TH AVE.
City-State-Zip: CORAL SPRINGS FL 33076

Title MGRM
Name TAYLOR, PATRICIA M
Address 4715 NW 119TH AVE.
City-State-Zip: CORAL SPRINGS FL 33076

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: MARVIN WESLEY TAYLOR

MGRM

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date