

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000105284

**Entity Name:** TAYLOR THERAPY, LLC

**Current Principal Place of Business:**

7900 OAK LANE  
SUITE 400  
MIAMI LAKES, FL 33016

**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

**DIRECTOR/MANAGER**

**04/28/2015**

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

\_\_\_\_\_  
Date