

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000053142

Entity Name: O'BRIEN THERAPY SERVICES, LLC

Current Principal Place of Business:

20023 WELLINGTON MANOR BLVD.
LUTZ, FL 33549

Current Mailing Address:

20023 WELLINGTON MANOR BLVD.
LUTZ, FL 33549 US

FEI Number: 45-5089319

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'BRIEN, ANDREW
20023 WELLINGTON MANOR BLVD.
LUTZ, FL 33549 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 MGR
Name O'BRIEN, ANDREW
Address 20023 WELLINGTON MANOR BLVD.
City-State-Zip: LUTZ FL 33549

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: ANDREW O'BRIEN

MGR

04/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date