

**2023 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

04/11/2023

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

\_\_\_\_\_  
Date