

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000101972

Entity Name: SYMMETRY PHYSICAL THERAPY LLC

Current Principal Place of Business:

28 W. FLAGLER
SUITE 901
MIAMI, FL 33130

Current Mailing Address:

28 W FLAGLER SUITE 901
MIAMI, FL 33130 US

FEI Number: 46-3211580

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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 SIKACZOWSKI, NATALIA
Address 450 ALTON ROAD
NATALIA SIKACZOWSKI 2310
City-State-Zip: MIAMI FL 33139

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: NATALIA SIKACZOWSKI

OWNER

01/22/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date