

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000076626

Entity Name: ALL IN PHYSIOTHERAPY LLC

Current Principal Place of Business:

911 AZURE AVE
WELLINGTON, FL 33414

Current Mailing Address:

911 AZURE AVE
WELLINGTON, FL 33414 US

FEI Number: 46-5717719

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COURBANOU, JAMES F
911 AZURE AVE
WELLINGTON, FL 33414 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 COURBANOU, JAMES F
Address 911 AZURE AVE
City-State-Zip: WELLINGTON FL 33414

Title MGR
Name COURBANOU, JAMIE R
Address 911 AZURE AVE
City-State-Zip: WELLINGTON FL 33414

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: JAMES COURBANOU

MGR

02/27/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date