

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000166027

**Entity Name:** ADVANCED PHYSICAL THERAPY STAFF, LLC

**Current Principal Place of Business:**

8461 LAKE WORTH RD  
#115  
LAKE WORTH, FL 33467

**Current Mailing Address:**

P O BOX 31174  
PALM BEACH GARDENS, FL 33420 US

**FEI Number:** 47-2147914

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ADVANCED HEALTH CARE SERVICES, LLC  
8461 LAKE WORTH RD  
#115  
LAKE WORTH, FL 33467 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:** JEREMY GABLER

02/10/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ADVANCED HEALTH CARE  
SERVICES, INC  
Address 8461 LAKE WORTH RD #115  
City-State-Zip: LAKE WORTH FL 33467

*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:** JEREMY GABLER

PRESIDENT

02/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date