

2018 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

04/23/2018

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

MANAGER

04/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date