

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000190502

Entity Name: CTPT THERAPY SERVICES LLC

Current Principal Place of Business:

1354 NW SPRUCE RIDGE DRIVE
STUART, FL 34994

Current Mailing Address:

1354 NW SPRUCE RIDGE DRIVE
STUART, FL 34994 US

FEI Number: 47-2552126

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAYER, CHRISTIE
1354 NW SPRUCE RIDGE DRIVE
STUART, FL 34994 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 MAYER, CHRISTIE
Address 1354 NW SPRUCE RIDGE DRIVE
City-State-Zip: STUART FL 34994

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: CHRISTIE MAYER

MGR

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date