

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000122135

**Entity Name:** PHYSIO MASSAGE TRAINING, LLC

**Current Principal Place of Business:**

2853 EXECUTIVE PARK DR STE 102  
WESTON, FL 33331

**Current Mailing Address:**

PO BOX 25963  
TAMARAC, FL 33320

**FEI Number:** 47-5327596

**Certificate of Status Desired:** No

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

OTERO, ELIZABETH  
2853 EXECUTIVE PARK DR STE 102  
WESTON, FL 33331 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            AMBR  
Name            OTERO, ELIZABETH  
Address        PO BOX 25963  
City-State-Zip: TAMARAC FL 33320

*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:** ELIZABETH OTERO

**PRESIDENT**

**04/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date