

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000016101

**Entity Name:** H & A PHYSICAL THERAPY LLC

**Current Principal Place of Business:**

5445 SW 115 AVE  
MIAMI, FL 33165

**Current Mailing Address:**

5445 SW 115 AVE  
MIAMI, FL 33165 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FILE FLORIDA CO.  
5445 SW 115 AVE  
MIAMI, FL 33165 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:** DAVID FELD

02/08/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name VALDES, HAYMED  
Address 5445 SW 115 AVE  
City-State-Zip: MIAMI FL 33165

*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:** HAYMED VALDES

MNG

02/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date