

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000118699

Entity Name: VICTORIA'S PHYSICAL THERAPIST LLC

Current Principal Place of Business:

3905 SW SAN CLEMENTE CT
PALM CITY, FL 34990

Current Mailing Address:

3905 SW SAN CLEMENTE CT
PALM CITY, FL 34990 US

FEI Number: 81-3721264

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEJIA, VICTORIA
3905 SW SAN CLEMENTE CT
PALM CITY, FL 34990 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: VICTORIA MEJIA

04/16/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MEJIA, VICTORIA E
Address 3905 SW SAN CLEMENTE CT
City-State-Zip: PALM CITY FL 34990

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: VICTORIA E MEJIA

04/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date