

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000228820

Entity Name: SCHWARTZ PHYSICAL THERAPY LLC

Current Principal Place of Business:

211 SOUTH INDIANA AVE
ENGLEWOOD, FL 34223

Current Mailing Address:

211 SOUTH INDIANA AVE
ENGLEWOOD, FL 34223 US

FEI Number: 30-0962329

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHWARTZ, ERIC
4141 MERMELL CIRCLE
NORTH PORT, FL 34291 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: ERIC SCHWARTZ

03/19/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name SCHWARTZ, ERIC
Address 4141 MERMELL CIRCLE
City-State-Zip: NORTH PORT FL 34291

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: ERIC SCHWARTZ

OWNER

03/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date