

**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