

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L16000228820

**Entity Name:** SCHWARTZ GIELOW PHYSICAL THERAPY LLC

**Current Principal Place of Business:**

4141 MERMELL CIRCLE  
NORTH PORT, FL 34291

**Current Mailing Address:**

4141 MERMELL CIRCLE  
NORTH PORT, FL 34291 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

02/06/2018

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

Title AMBR  
Name GIELOW, CLIFFORD  
Address 640 GILLESPIE STREET  
City-State-Zip: ENGLEWOOD FL 34223

*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

02/06/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date