**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 22, 2018**
**Secretary of State**
**CC5783697452**

DOCUMENT# L17000058849

**Entity Name:** CORE EXCELLENCE PHYSICAL THERAPY, LLC

**Current Principal Place of Business:**

14064 N. CYPRESS COVE CIRCLE
DAVIE, FL 33325

**Current Mailing Address:**

14064 N. CYPRESS COVE CIRCLE
DAVIE, FL 33325

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

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

DELSOCORRO-ECO, JINKEE
14064 N CYPRESS COVE CIRCLE
DAVIE, FL 33325 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:

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGR |
| Name | DELSOCORRO-ECO, JINKEE |
| Address | 14064 N CYPRESS COVE CIRCLE |
| City-State-Zip: | DAVIE FL 33325 |

*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: JINKEE DEL SOCORRO-ECO JDSE 04/22/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date