

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000189209

**Entity Name:** DO PHYSICAL THERAPY, LLC

**Current Principal Place of Business:**

10401 POST OFFICE BLVD  
ORLANDO, FL 32862

**Current Mailing Address:**

PO BOX 620751  
ORLANDO, FL 32862

**FEI Number: 82-3273061**

**Certificate of Status Desired: No**

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

LEONARD, MATTHEW D  
4744 LUMBERTON DRIVE  
ORLANDO, FL 32829 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            LEONARD, MATTHEW D  
Address        4744 LUMBERTON DRIVE  
City-State-Zip: ORLANDO FL 32829

*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: MATTHEW LEONARD**

**MGR**

**04/14/2019**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date