

2018 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 D LEONARD

MGR

04/04/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date