

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000055918

**Entity Name:** BRICKELL PHYSICAL THERAPY L.L.C.

**Current Principal Place of Business:**

1783 SW 3RD AVE  
MIAMI, FL 33129

**Current Mailing Address:**

PO BOX 331923  
MIAMI, FL 33233 US

**FEI Number:** 61-1871822

**Certificate of Status Desired:** No

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

AGE RE SERVICES, LLC  
3162 COMMODORE PLAZA  
3E  
MIAMI, FL 33133 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 PINECREST PHYSICAL THERAPY HOLDINGS, LLC  
Address 4405 SW 74TH AVE  
City-State-Zip: MIAMI FL 33155

*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:** RONALD YACOUB

**MANAGER**

**04/25/2024**

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

\_\_\_\_\_  
Date