

2019 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 9619 S. DIXIE HIGHWAY
City-State-Zip: MIAMI FL 33156

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: NIKKI GOMEZ _____

OFFICE MANAGER

03/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date