

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000067263

**Entity Name:** PHYSIOLOGIX SPORTS PHYSICAL THERAPY PLLC

**Current Principal Place of Business:**

185 SE 14TH TERRACE,  
APT. 906  
MIAMI, FL 33131

**Current Mailing Address:**

185 SE 14TH TERRACE,  
APT. 906  
MIAMI, FL 33131 US

**FEI Number:** 82-4848713

**Certificate of Status Desired:** Yes

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

POLISZUK, ROBERT  
185 SE 14TH TERRACE  
APT. 906  
MIAMI, FL 33131 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            AMBR  
Name            POLISZUK, ROBERT  
Address        185 SE TERRACE, APT. 906  
City-State-Zip: MIAMI FL 33131

*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:** ROBERT POLISZUK

DR.

01/31/2021

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

\_\_\_\_\_  
Date