

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000122903

Entity Name: CENTAUR PHYSICAL THERAPY LLC

Current Principal Place of Business:

225 1ST AVE N
UNIT 2013
SAINT PETERSBURG, FL 33701

Current Mailing Address:

225 1ST AVE N
UNIT 2013
SAINT PETERSBURG, FL 33701 US

FEI Number: 83-0916631

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

OLSON, TONYA K
160 16TH ST. N
UNIT 1010
SAINT PETERSBURG, FL 33705-1698 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 OLSON, TONYA K
Address 225 1ST AVE N
UNIT 2013
City-State-Zip: SAINT PETERSBURG FL 33701

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: TONYA K OLSON

MANAGER

04/24/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date