

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000246694

**Entity Name:** ON DEMAND PHYSICAL THERAPY, LLC

**Current Principal Place of Business:**

14121 NW 8TH ST  
SUNRISE, FL 33325

**Current Mailing Address:**

14121 NW 8TH ST  
SUNRISE, FL 33325 US

**FEI Number: 83-2338417**

**Certificate of Status Desired: No**

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

EDUARDO , MARTI  
14121 NW 8TH ST  
SUNRISE, FL 33325 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: EDUARDO MARTI**

**04/09/2019**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MARTI, ED  
Address 14121 NW 8TH ST  
City-State-Zip: SUNRISE FL 33325

*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: EDUARDO MARTI**

**MGR**

**04/09/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date