

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000128217

Entity Name: SUMMIT PHYSICAL THERAPY, PLLC

Current Principal Place of Business:

2219 COUNTY ROAD 220
SUITE 304
MIDDLEBURG, FL 32068

Current Mailing Address:

2219 COUNTY ROAD 220
SUITE 304
MIDDLEBURG, FL 32068 US

FEI Number: 84-2308395

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VOLLERTSEN, TARA
2379 CAROLINA CHERRY CT
FLEMING ISLAND, FL 32003 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 VOLLERTSEN, TARA
Address 2379 CAROLINA CHERRY CT
City-State-Zip: FLEMING ISLAND FL 32003

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: TARA VOLLERTSEN

MGR

04/13/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date