

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000288648

**Entity Name:** CORAL GABLES PHYSICAL THERAPY L.L.C.

**Current Principal Place of Business:**

4200 LAGUNA STREET  
CORAL GABLES, FL 33146

**Current Mailing Address:**

PO BOX 331912  
MIAMI, FL 33233 US

**FEI Number: 84-4560781**

**Certificate of Status Desired: No**

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

AGE RE SERVICES, LLC  
3162 COMMODORE PLAZA  
#3E  
MIAMI, FL, 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, L.L.C  
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: RONALD YACOB**

**OWNER**

**04/12/2021**

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

\_\_\_\_\_  
Date