

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000054433

Entity Name: HYDE PHYSICAL THERAPY, LLC

Current Principal Place of Business:

2250 HARRISON AVE
PANAMA CITY, FL 32405

Current Mailing Address:

2250 HARRISON AVE
PANAMA CITY, FL 32405

FEI Number: 84-4859333

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HENRY, WILLIAM C
16215 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FL 32413 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 HYDE, JEFFREY D
Address 2250 HARRISON AVE
City-State-Zip: PANAMA CITY FL 32405

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: JEFFREY D HYDE

OWNER

02/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date