

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000083016

Entity Name: AMANDA JAE PHYSICAL THERAPY LLC

Current Principal Place of Business:

729 PARK HILL AVE
LAKELAND, FL 33801

Current Mailing Address:

729 PARK HILL AVE
LAKELAND, FL 33801 US

FEI Number: 84-5124260

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DERROUGH, AMANDA J NA
729 PARK HILL AVE
LAKELAND, FL 33801 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 DERROUGH, AMANDA J
Address 729 PARK HILL AVE
City-State-Zip: LAKELAND FL 33801

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: AMANDA J DERROUGH

MGR

03/31/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date