

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000354427

Entity Name: APOLLO PERFORMANCE PHYSICAL THERAPY LLC

Current Principal Place of Business:

4090 ILEX CIR N
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

4090 ILEX CIR N
PALM BEACH GARDENS, FL 33410 US

FEI Number: 85-3924866

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALLACE, BRITTANY F
4090 ILEX CIR N
PALM BEACH GARDENS, FL 33410 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 WALLACE, BRITTANY F
Address 4090 ILEX CIR N
City-State-Zip: PALM BEACH GARDENS FL 33410

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: BRITTANY WALLACE

MGR

02/16/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date