

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000005236

Entity Name: MORALES PHYSICAL THERAPY LLC

Current Principal Place of Business:

8507 PINES BLVD
PEMBROKE PINES, FL 33024

Current Mailing Address:

18890 NW 12TH STREET
PEMBROKE PINES, FL 33029 US

FEI Number: 86-2652218

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORALES, NICHOLAS R
18890 NW 12TH ST
PEMBROKE PINES, FL 33029 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 AUTHORIZED MEMBER
Name MORALES, NICHOLAS RANDALL DR.
Address 18890 NW 12TH STREET
City-State-Zip: PEMBROKE PINES FL 33029

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: NICHOLAS MORALES

OWNER

05/17/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date