

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000034590

**Entity Name:** JUDITH PHYSICAL THERAPY LLC

**Current Principal Place of Business:**

9945 SW 155 CT  
MIAMI, FL 33196

**Current Mailing Address:**

9945 SW 155 CT  
MIAMI, FL 33196

**FEI Number: 86-2080598**

**Certificate of Status Desired: Yes**

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

CARBONELL, JUDITH  
9945 SW 155 CT  
MIAMI, FL 33196 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	Title	TRUSTEE
Name	CARBONELL, JUDITH	Name	GONZALEZ, ROBERTO J
Address	9945 SW 155 CT	Address	9945 SW 155 TH CT
City-State-Zip:	MIAMI FL 33196	City-State-Zip:	MIAMI FL 33196

*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: JUDITH CARBONELL**

**MGR**

**02/04/2024**

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

\_\_\_\_\_  
Date