

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000045045

Entity Name: ST JOHN THERAPY SERVICES OF FLORIDA LLC

Current Principal Place of Business:

2489 LADOGA DRIVE
LAKELAND, FL 33805

Current Mailing Address:

2489 LADOGA DRIVE
LAKELAND, FL 33805 US

FEI Number: 86-1281160

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIASOYCO, SEVERO B II
2489 LADOGA DRIVE
LAKELAND, FL 33805 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 SIASOYCO, SEVERO B II
Address 2489 LADOGA DRIVE
City-State-Zip: LAKELAND FL 33805

Title AMBR
Name CABALLES, IAN C
Address 10197 BACKWATER COVE
City-State-Zip: ST JOHN IN 46373

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: SEVERO B SIASOYCO, II

AMBR

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date