

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000060049

Entity Name: PERSONAL CARE PHYSICAL THERAPY, LLC

Current Principal Place of Business:

10560 SW STEPHANIE WAY
APT. 202
PORT ST. LUCIE, FL 34987

Current Mailing Address:

10560 SW STEPHANIE WAY
APT. 202
PORT ST. LUCIE, FL 34987 US

FEI Number: 86-2067348

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAYTSIN, JAMES
10560 SW STEPHANIE WAY
APT. 202
PORT ST. LUCIE, FL 34987 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 RAYTSIN, JAMES
Address 10560 SW STEPHANIE WAY
 APT. 202
City-State-Zip: PORT ST. LUCIE FL 34987

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: JAMES RAYTSIN

OWNER

01/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date