

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000222349

Entity Name: HECTOR GALVEZ PHYSICAL THERAPY, LLC

Current Principal Place of Business:

2364 SW 16 CT
MIAMI, FL 33145

Current Mailing Address:

2364 SW 16 CT
MIAMI, FL 33145 US

FEI Number: 87-0906106

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALVEZ, HECTOR P
2364 SW 16 CT
MIAMI, FL 33145 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 GALVEZ, HECTOR P
Address 2364 SW 16 CT
City-State-Zip: MIAMI FL 33145

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: HECTOR PATRICIO GALVEZ

AMBR

04/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date