

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000333465

Entity Name: JAASKO PHYSICAL THERAPY LLC

Current Principal Place of Business:

12841 CYPRESS CAPE CIRCLE
UNIT 259
FORT MYERS, FL 33966

Current Mailing Address:

12841 CYPRESS CAPE CIRCLE
UNIT 259
FORT MYERS, FL 33966 US

FEI Number: 87-1812775

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JAASKO, NILS-OTTO A
12841 CYPRESS CAPE CIRCLE
UNIT 259
FORT MYERS, FL 33966 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: NILS-OTTO JAASKO

04/29/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HARVEY, ALLAYNA J
Address 12841 CYPRESS CAPE CIRCLE
UNIT 259
City-State-Zip: FORT MYERS FL 33966

Title MGR
Name JAASKO, NILS-OTTO A
Address 12841 CYPRESS CAPE CIRCLE
UNIT 259
City-State-Zip: FORT MYERS FL 33966

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: NILS-OTTO A JAASKO

MGR

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date