

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000384545

**Entity Name:** M.D. THERAPY SERVICES, LLC

**Current Principal Place of Business:**

9225 82ND AVE N.  
20  
SEMINOLE, FL 33777

**Current Mailing Address:**

9225 82ND AVE N.  
20  
SEMINOLE, FL 33777 US

**FEI Number:** 59-3369535

**Certificate of Status Desired:** No

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

RORY B. WEINER, PA  
635 W LUMSDEN RD  
BRANDON, FL 33511 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:** RORY BRIAN WEINER

04/06/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           SEXTON, TONI  
Address        9225 82ND AVE N.  
                  20  
City-State-Zip: SEMINOLE FL 33777

*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:** RORY BRIAN WEINER

**ATTORNEY OF RECORD**

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date