2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2024
Secretary of State
0083358130CC

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Entity Name: CREEKSIDE PHYSICAL THERAPY, LLC

Current Principal Place of Business:

282 ARTHUR MOORE DRIVE
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

282 ARTHUR MOORE DRIVE
GREEN COVE SPRINGS, FL 32043 US

FEI Number: 88-2802658

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARKEY, COLIN A
282 ARTHUR MOORE DRIVE
GREEN COVE SPRINGS, FL 32043 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	MGR	Title	MGR
Name	MARKEY, MARY E	Name	MARKEY, COLIN A
Address	282 ARTHUR MOORE DRIVE	Address	282 ARTHUR MOORE DRIVE
City-State-Zip:	GREEN COVE SPRINGS FL 32043	City-State-Zip:	GREEN COVE SPRINGS FL 32043

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: COLIN A. MARKEY MANAGER 01/10/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date