#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000290917

Entity Name: ADRIANA GONZALEZ PHYSICAL THERAPY, LLC

FILED Feb 10, 2024 Secretary of State 1008400804CC

# **Current Principal Place of Business:**

13925 SW 173 TERRACE MIAMI, FL 33177

## **Current Mailing Address:**

13925 SW 173 TERRACE MIAMI. FL 33177 US

FEI Number: 93-1947561 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC 7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702 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 AUTHORIZED MEMBER
Name GONZALEZ, ADRIANA
Address 13925 SW 173 TERRACE

City-State-Zip: MIAMI FL 33177

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: ADRIANA GONZALEZ

MEMBER 02/10/2024