

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000009448

Entity Name: MOBILIZE PHYSICAL THERAPY, LLC

Current Principal Place of Business:

2316 E DOUBLEGATE DRIVE
ALBANY, GA 31721

Current Mailing Address:

1000 CRYSTAL WAY
APT O
DELRAY BEACH, FL 33444 US

FEI Number: 82-4179183

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUCHANAN, WILLIAM
1000 CRYSTAL WAY
APT O
DELRAY BEACH, FL 33444 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 OWNR
Name BUCHANAN, WILLIAM
Address 2316 E DOUBLEGATE DRIVE
City-State-Zip: ALBANY GA 31721

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: WILLIAM BUCHANAN

04/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date