

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M23000015149

**Entity Name:** RIGHTMOVE PHYSICAL THERAPY SERVICES PLLC LLC

**Current Principal Place of Business:**

7940 JONES BRANCH DRIVE, 6TH FLOOR  
TYSONS, VA 22102

**Current Mailing Address:**

7940 JONES BRANCH DRIVE, 6TH FLOOR  
TYSONS, VA 22102 US

**FEI Number:** 93-4524823

**Certificate of Status Desired:** Yes

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	MBR
Name	BOYLE, ERIN	Name	BOYLE, ERIN
Address	7940 JONES BRANCH DRIVE, 6TH FLOOR	Address	7940 JONES BRANCH DRIVE, 6TH FLOOR
City-State-Zip:	TYSONS VA 22102	City-State-Zip:	TYSONS VA 22102

*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:** ERIN BOYLE

**OWNER**

**03/20/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date