

**2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L02000016044

**Entity Name:** REHABILITATION CENTER OF MIAMI, L.L.C.

**Current Principal Place of Business:**

420 S.DIXIE HWY  
SUITE 4D  
MIAMI, FL 33146

**Current Mailing Address:**

420 S.DIXIE HWY  
SUITE 4D  
MIAMI, FL 33146 US

**FEI Number:** 50-0004049

**Certificate of Status Desired:** Yes

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

WIKLUND, MONICA C  
420 S.DIXIE HWY  
SUITE 4D  
MIAMI, FL 33146 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:** MONICA C. WIKLUND

09/13/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title PART  
Name SABA, BEHZAD  
Address 6619 S. DIXIE HWY  
City-State-Zip: MIAMI FL 33143

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BEHZAD SABA

PART

09/13/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date