

2020 FLORIDA LIMITED LIABILITY COMPANY 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: No

Name and Address of Current Registered Agent:

SABA, BEHZAD
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: SABA, BEHZAD

03/18/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name SABA, BEHZAD
Address 420 S.DIXIE HWY
 SUITE 4D
City-State-Zip: MIAMI FL 33146

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: BEHZAD SABA

MGR

03/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date