

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000027365

Entity Name: MEDICAL REHAB CLINIC OF BROWARD, LLC

Current Principal Place of Business:

1528 NE 4TH AVE
FT LAUDERDALE, FL 33304

Current Mailing Address:

1528 NE 4TH AVENUE
FORT LAUDERDALE, FL 33304

FEI Number: 20-2545768

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICHARD, DR. CHARLES H
1528 NE 4TH AVE
FT LAUDERDALE, FL 33304 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: DR. CHARLES H. RICHARD

10/19/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name RICHARD, CHARLES H
Address 1528 NE 4TH AVE
City-State-Zip: FT LAUDERDALE FL 33304

Title MGRM
Name NICOLAS, FRITZ A
Address 1528 NE 4TH AVE
City-State-Zip: FORT LAUDERDALE FL 33304

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: FRITZ A. NICOLAS

MANAGER

10/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date