

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000102152

**Entity Name:** NORTH DADE REHABILITATION CENTER L.L.C.

**Current Principal Place of Business:**

1390 NE 162 STREET  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

1390 NE 162 STREET  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 20-5750386

**Certificate of Status Desired:** No

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

LIGER, GALLINA  
13099 SW 28TH STREET  
MIRAMAR, FL 33027 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           MANAGEMENT PARTNER  
Name           LIGER, GALLINA  
Address        13099 SW 28TH STREET  
City-State-Zip: MIRAMAR FL 33027

*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:** GALLINA LIGER

**MGR PARTNER**

**04/24/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date