

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102152

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

Current Principal Place of Business:

164 N E 167TH STREET
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

164 N E 167TH STREET
NORTH MIAMI BEACH, FL 33162

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 PRES
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

OWNER

04/25/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date