

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000117510

Entity Name: SYNTRICITY REHAB SOLUTIONS OF FL, LLC

Current Principal Place of Business:

1835 N.E. MIAMI GARDENS DRIVE
#167
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

1835 N.E. MIAMI GARDENS DRIVE
#167
NORTH MIAMI BEACH, FL 33179

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEROSLOW, LOUISE T
6075 SUNSET DRIVE, SUITE 201
SOUTH MIAMI, FL 33143 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 MGRM
Name GONZALEZ, MARIA E
Address 1835 N.E. MIAMI GARDENS DRIVE
#167
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title MGRM
Name FANNIN, DEBORAH D
Address 1835 N.E. MIAMI GARDENS DRIVE
#167
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title MGRM
Name ALICEA, MICHAEL
Address 1835 N.E. MIAMI GARDENS DRIVE
#167
City-State-Zip: NORTH MIAMI BEACH FL 33179

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: MARIA E GONZALEZ

CFO

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date