

**2015 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**

**MGRM**

**03/11/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date