

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000001346

Entity Name: REHAB TECH PROS, LLC

Current Principal Place of Business:

2710 DAVIE ROAD
DAVIE, FL 33314

Current Mailing Address:

2710 DAVIE ROAD
DAVIE, FL 33314 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RONALD I. STRAUSS, ESQ, P.A.
2340 S. DIXIHW HWY
MIAMI, FL 33133 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 MGR
Name KATES, STEVEN
Address 2710 DAVIE ROAD
City-State-Zip: DAVIE FL 33314

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: STEVEN KATES

MANAGER

02/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date