

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000134306

Entity Name: PALM ORTHOPEDICS & REHABILITATION LLC

Current Principal Place of Business:

5458 TOWN CENTER ROAD
SUITE 104B
BOCA RATON, FL 33486

Current Mailing Address:

5458 TOWN CENTER ROAD
SUITE 104B
BOCA RATON, FL 33486 US

FEI Number: 46-1237477

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUTH FLORIDA TAX, INC.
5001 S UNIVERSITY DRIVE
SUITE B
DAVIE, FL 33328 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 STARACE, LOUIS M.D.
Address 5458 TOWN CENTER ROAD STE 104-B
City-State-Zip: BOCA RATON FL 33486

Title MGRM
Name MUSAFFI, DONALD
Address 5458 TOWN CENTER ROAD STE 104-B
City-State-Zip: BOCA RATON FL 33486

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: LOUIS STARACE

MD

04/18/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date