

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000085254

**Entity Name:** FLORIDA FALL PREVENTION & REHABILITATION LLC

**Current Principal Place of Business:**

850 LOGGERHEAD ISLAND DRIVE  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

850 LOGGERHEAD ISLAND DRIVE  
SATELLITE BEACH, FL 32937

**FEI Number:** 46-2965747

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRIMER, MARK A  
850 LOGGERHEAD ISLAND DRIVE  
SATELLITE BEACH, FL 32937 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 BRIMER, MARK A  
Address 850 LOGGERHEAD ISLAND DRIVE  
City-State-Zip: SATELLITE BEACH FL 32937

Title MGRM  
Name BRIMER, LESLEE B  
Address 850 LOGGERHEAD ISLAND DRIVE  
City-State-Zip: SATELLITE BEACH FL 32937

Title MGRM  
Name BRIMER, ERIC A  
Address 850 LOGGERHEAD ISLAND DRIVE  
City-State-Zip: SATELLITE BEACH FL 32937

Title MGRM  
Name BRIMER, CHRISTOPHER G  
Address 850 LOGGERHEAD ISLAND DRIVE  
City-State-Zip: SATELLITE BEACH FL 32937

*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:** MARK BRIMER

MGRM

01/31/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date