

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000130843

**Entity Name:** REHAB-CONCEPTS LLC

**Current Principal Place of Business:**

1041 NW 187TH AVE  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

1041 NW 187TH AVE  
PEMBROKE PINES, FL 33029 US

**FEI Number:** 46-3889631

**Certificate of Status Desired:** No

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

FRIAS, ELMER A  
1041 NW 187TH AVE  
PEMBROKE PINES, FL 33029 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 MICHALOPOULOS, VASILIOS  
Address 1925 NE 27TH ST  
City-State-Zip: WILTON MANORS FL 33306

Title MGRM  
Name FRIAS, ELMER A  
Address 1041 NW 187TH AVE  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** ELMER FRIAS

**PRESIDENT**

**02/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date