

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000184496

Entity Name: RECOVERY MEDICAL SERVICES, P.L.L.C.

Current Principal Place of Business:

1225 NEAR OCEAN DRIVE
VERO BEACH, FL 32963

Current Mailing Address:

1225 NEAR OCEAN DRIVE
VERO BEACH, FL 32963 US

FEI Number: 47-2419023

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEC CONSULTANTS, INC.
1515 INDIAN RIVER BLVD.
STE A210
VERO BEACH, FL 32963 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 KATZ, EDWARD H MD
Address 1225 NEAR OCEAN DR.
City-State-Zip: VERO BEACH FL 32963

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: EDWARD H KATZ. MD

MANAGER

03/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date