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.

MGR

SIGNATURE: SHARIF TABBAH

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L15000203156

Entity Name: ATHLETIX REHAB AND RECOVERY, LLC

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

3183 SW 38TH COURT MIAMI, FL 33146

Current Mailing Address:

60 SW 13TH STREET APT. 4005 MIAMI, FL 33130 US

FEI Number: 81-0982054

Name and Address of Current Registered Agent:

TABBAH, SHARIF 60 SW 13TH STREET APT. 4005 MIAMI, FL 33130 US Certificate of Status Desired: No

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

Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	DR. REEF FITNESS, P.A.	Name	KFK PHYSIO INC
Address	60 SW 13TH STREET, APT. 4005	Address	185 SW 7TH STREET UNITE 3304
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130
Title	AMBR		
Name	KFK PHYSIO, INC.		
Address	185 SW 7TH STREET UNIT 3304		
City-State-Zip:	MIAMI FL 33130		

Date

04/02/2019

FILED Apr 02, 2019 Secretary of State 3147332160CC

Date