

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000203156

**Entity Name:** ATHLETIX REHAB AND RECOVERY, LLC

**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

**Certificate of Status Desired:** No

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

TABBAH, SHARIF  
60 SW 13TH STREET  
APT. 4005  
MIAMI, FL 33130 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 DR. REEF FITNESS, P.A.  
Address 60 SW 13TH STREET, APT. 4005  
City-State-Zip: MIAMI FL 33130

Title AMBR  
Name KFK PHYSIO INC  
Address 185 SW 7TH STREET UNITE 3304  
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

*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:** SHARIF TABBAH

MGR

04/02/2019

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

\_\_\_\_\_ Date