

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000070017

**Entity Name:** COMPLEX REHAB SOLUTIONS LLC

**Current Principal Place of Business:**

10657 NW 122ND STREET  
UNIT# 18  
MEDLEY, FL 33178

**Current Mailing Address:**

6328 NW. 175TH TER.  
HIALEAH, FL 33015 US

**FEI Number:** 82-4833432

**Certificate of Status Desired:** Yes

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

FRIEDMAN, MAUREEN  
6328 NW. 175TH TER.  
HIALEAH, FL 33015 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	Title	AMBR
Name	BURNS, NOEL W	Name	FRIEDMAN, MAUREEN O
Address	2740 NE. 57TH ST.	Address	6328 NW. 175TH TER.
City-State-Zip:	FORT LAUDERDALE FL 33308	City-State-Zip:	HIALEAH FL 33015

*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:** MAUREEN FRIEDMAN

**REGISTERED AGENT**

**04/21/2019**

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

\_\_\_\_\_  
Date