

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000027573

**Entity Name:** BIO-MEDICAL REHABILITATION AND WELLNESS, LLC

**Current Principal Place of Business:**

14660 NW 60AVE  
MIAMI LAKES , FL 33014

**Current Mailing Address:**

14660 NW 60AVE  
MIAMI LAKES , FL 33014 US

**FEI Number: 83-4006990**

**Certificate of Status Desired: No**

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

MAURICI, DOMINICK  
14660 NW 60AVE  
MIAMI LAKES , FL 33014 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: DOMINICK MAURICI**

**01/31/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	MAURICI, DOMINICK	Name	SIERRA, CHRISTINA N
Address	14660 NW 60AVE	Address	14660 NW 60AVE
City-State-Zip:	MIAMI LAKES FL 33014	City-State-Zip:	MIAMI LAKES FL 33014

*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: DOMINICK MAURICI**

**PRESIDENT**

**01/31/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date