Entity Name: BIO-MEDICAL REHABILITATION AND WELLNESS, LLC	Secretary of State 1115061707CC
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 regis	tered agent, or both, in the State of Florida.
SIGNATURE: DOMINICK MAURICI	03/14/2024
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
	MIAMI LAKES FL 33014

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000027573

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

OWNER

03/14/2024

FILED Mar 14, 2024

Electronic Signature of Signing Authorized Person(s) Detail

Date