

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000083858

Entity Name: PRIME ORTHOPEDIC REHABILITATION LLC

Current Principal Place of Business:

4065 YARMOUTH D
BOCA RATON, FL 33434

Current Mailing Address:

111 DEAN DR, SUITE 1N
TENAFLY, NJ 07670

FEI Number: 86-2150720

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROMBERG, ROBERT
4065 YARMOUTH D
BOCA RATON, FL 33434 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 AMBR
Name PORATH, MICHAL
Address 1122 ALLESSANDRINI AVE
City-State-Zip: NEW MILFORD NJ 07646

Title AMBR
Name LOWY, JESSICA
Address 19 REGENT ST
City-State-Zip: BERGENFIELD NJ 07621

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: MICHAL PORATH

PT/OWNER

02/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date