

**2022 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	Title	AMBR
Name	PORATH, MICHAL	Name	LOWY, JESSICA
Address	1122 ALLESSANDRINI AVE	Address	19 REGENT ST
City-State-Zip:	NEW MILFORD NJ 07646	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

**OWNER**

**03/06/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date