

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000054513

**FILED**  
**Sep 30, 2013**  
**Secretary of State**

**Entity Name:** PRECISION REHABILITY, LLC

**Current Principal Place of Business:**

10960 SW 222ND TERRACE  
MIAMI, FL 33170

**New Principal Place of Business:**

2804 NE 8TH STREET  
203  
HOMESTEAD, FL 33033

**Current Mailing Address:**

10960 SW 222ND TERRACE  
MIAMI, FL 33170

**New Mailing Address:**

PO BOX 570046  
MIAMI, FL 33257

**FEI Number:** 11-3751454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLLIER, PATRICE  
10960 SW 222 TERRACE  
MIAMI, FL 33170 US

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

COLLIER, PATRICE  
2804 NE 8TH STREET  
203  
HOMESTEAD, FL 33033 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: PATRICE COLLIER

09/30/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: COLLIER, PATRICE  
Address: PO BOX 570046  
City-St-Zip: MIAMI, FL 33257

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PATRICE COLLIER

MGR

09/30/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date