2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# L11000004811

Entity Name: PRIMARY CARE REHAB MEDICINE LLC

Current Principal Place of Business:

1001 NORTH FEDERAL HIGHWAY, UNIT 362
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

1001 NORTH FEDERAL HIGHWAY, UNIT 337
HALLANDALE BEACH, FL 33009

Current Mailing Address:

1001 NORTH FEDERAL HIGHWAY, UNIT 362
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: FLORES, A.
Address: 1001 NORTH FEDERAL HIGHWAY, UNIT 337
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: S
Name: FLORES, A.
Address: 1001 NORTH FEDERAL HIGHWAY, UNIT 337
City-St-Zip: HALLANDALE BEACH, FL 33009

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 Statues.

SIGNATURE: A FLORES MGR 04/24/2012

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