

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000079454

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** PRO-MEDICS THERAPY & REHAB CENTER LLC

**Current Principal Place of Business:**

259 PARK BLVD  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

259 PARK BLVD  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 45-2931807

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEREZ, ALEXIS  
7570 NW 14 ST  
MIAMI, FL 33126 US

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

PEREZ, ALEXIS  
259 PARK BLVD  
MIAMI, FL 33126 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: GIO ESCOBAR

01/17/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PEREZ, ALEXIS  
Address: 7570 NW 14 ST  
City-St-Zip: MIAMI, FL 33126

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: ALEXIS PEREZ

MGR

01/17/2012

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