

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000064845

**Entity Name:** PREMIER REHAB MANAGEMENT, LLC**Current Principal Place of Business:**1100 CIRCLE 75, 14TH FLOOR  
ATLANTA, GA 30339**Current Mailing Address:**1100 CIRCLE 75, 14TH FLOOR  
ATLANTA, GA 30339 US**FEI Number:** 20-1620567**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 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 MANAGER  
Name JAMESON, KELLEN  
Address P.O. BOX 724557  
City-State-Zip: ATLANTA GA 31139

Title MANAGER  
Name BARNES, ROCKY PRESIDE  
Address P.O. BOX 724557  
City-State-Zip: ATLANTA GA 31139

Title MANAGER  
Name YAKE, DALE M.  
Address P.O. BOX 724557  
City-State-Zip: ATLANTA GA 31139

*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:** DALE M. YAKE

MANAGER

04/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date