

**2022 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	LAND, TRISTA N.
Address	1100 CIRCLE 75, 14TH FLOOR
City-State-Zip:	ATLANTA GA 30339

Title	MANAGER
Name	BARNES, ROCKY
Address	1100 CIRCLE 75, 14TH FLOOR
City-State-Zip:	ATLANTA GA 30339

Title	MANAGER
Name	YAKE, DALE M.
Address	1100 CIRCLE 75, 14TH FLOOR
City-State-Zip:	ATLANTA GA 30339

Title	MEMBER
Name	PT SOLUTIONS FLORIDA HOLDINGS, LLC
Address	1100 CIRCLE 75, 14TH FLOOR
City-State-Zip:	ATLANTA GA 30339

*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:** PT SOLUTIONS FLORIDA HOLDINGS, LLC**MEMBER****03/29/2022**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date