

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000079454

Entity Name: PRO-MEDICS THERAPY & REHAB CENTER LLC

Current Principal Place of Business:

259 PARK BLVD
MIAMI, FL 33126

Current Mailing Address:

259 PARK BLVD
MIAMI, FL 33126

FEI Number: 45-2931807

Certificate of Status Desired: No

Name and Address of Current 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

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

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALEXIS PEREZ

MGRM

01/16/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date