

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000079454

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

**Current Principal Place of Business:**

14333 SW 163 TERRACE  
MIAMI, FL 33177

**Current Mailing Address:**

14333 SW 163 TERRACE  
MIAMI, FL 33177 US

**FEI Number:** 45-2931807

**Certificate of Status Desired:** No

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

PEREZ, ALEXIS  
14333 SW 163 TR  
MIAMI, FL 33177 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 14333 SW 163 TERRACE  
City-State-Zip: MIAMI FL 33177

*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:** ALEXIS PEREZ

**PRESIDENT**

**02/05/2016**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date