

2015 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

03/17/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date