

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000046488

Entity Name: PALMETTO LAKES MEDICAL & REHAB CENTER LLC

Current Principal Place of Business:

1890 SW 57 AVE
SUITE 109
MIAMI, FL 33155

Current Mailing Address:

1890 SW 57 AVE
SUITE 109
MIAMI, FL 33155 US

FEI Number: 45-4965358

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PEREZ, HORACIO
1890 SW 57 AVE
SUITE 109
MIAMI, FL 33155 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: HORACIO PEREZ

03/02/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PEREZ, HORACIO
Address 1890 SW 57 AVE
SUITE 109
City-State-Zip: MIAMI FL 33155

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: HORACIO PEREZ

PRESIDENT

03/02/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date