

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000134306

**FILED**  
**Apr 18, 2014**  
**Secretary of State**  
**CC6299113350**

**Entity Name:** PALM ORTHOPEDICS & REHABILITATION LLC

**Current Principal Place of Business:**

5458 TOWN CENTER ROAD  
SUITE 104B  
BOCA RATON, FL 33486

**Current Mailing Address:**

5458 TOWN CENTER ROAD  
SUITE 104B  
BOCA RATON, FL 33486 US

**FEI Number:** 46-1237477

**Certificate of Status Desired:** No

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

SOUTH FLORIDA TAX, INC.  
5001 S UNIVERSITY DRIVE  
SUITE B  
DAVIE, FL 33328 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 STARACE, LOUIS M.D.  
Address 5458 TOWN CENTER ROAD STE 104-B  
City-State-Zip: BOCA RATON FL 33486

Title MGRM  
Name MUSAFFI, DONALD  
Address 5458 TOWN CENTER ROAD STE 104-B  
City-State-Zip: BOCA RATON FL 33486

*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:** LOUIS STARACE

**MD**

**04/18/2014**

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

\_\_\_\_\_  
Date