

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000104042

**Entity Name:** MIAMI GARDENS PHYSICAL THERAPY AND REHAB CENTER, LLC

**FILED**  
**Mar 07, 2023**  
**Secretary of State**  
**3703869295CC**

**Current Principal Place of Business:**

2259 NORTHWEST 167TH STREET  
MIAMI GARDENS, FL 33056

**Current Mailing Address:**

2259 NORTHWEST 167TH STREET  
MIAMI GARDENS, FL 33056

**FEI Number: 47-4316191**

**Certificate of Status Desired: No**

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

MURRAY, ENEATHER  
2259 NORTHWEST 167TH STREET  
MIAMI GARDENS, FL 33056 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:** ENEATHER MURRAY

03/07/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title OMGR  
Name MURRAY, SHALAINÉ  
Address 2259 NORTHWEST 167TH STREET  
City-State-Zip: MIAMI GARDENS FL 33056

*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:** SHALAINÉ MURRAY

OMGR

03/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date