

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 11, 2017
Secretary of State
CC0327325265

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

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:

SPIEGEL & UTRERA, P.A.
1840 CORAL WAY, 4TH FLOOR
MIAMI, FL 33145 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	OMGR	Title	VOMG
Name	MURRAY, SHALAINÉ	Name	MURRAY, GODFREY
Address	2259 NORTHWEST 167TH STREET	Address	2259 NORTHWEST 167TH STREET
City-State-Zip:	MIAMI GARDENS FL 33056	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

04/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date