

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000104042

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC6205411464**

**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: APPLIED FOR**

**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, SHALLINE	Name	MURRAY, GODFRAY
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: SHALLINE MURRAY

OMGR

04/27/2016

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

\_\_\_\_\_  
Date