

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000029702

Entity Name: SOUTHEAST REHAB SPECIALIST, LLC

Current Principal Place of Business:

3305 RICE STREET
MIAMI, FL 33133

Current Mailing Address:

3305 RICE STREET
MIAMI, FL 33133

FEI Number: 32-0487726

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERRERA, CHRISTOPHER
3305 RICE STREET
MIAMI, FL 33133 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 AMBR
Name PT & DC SOUTH FLORIDA, LLC
Address 3305 RICE STREET
City-State-Zip: MIAMI FL 33133

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: CHRISTOPHER HERRERA

REGISTERED AGENT

05/01/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date