

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500009327

**Entity Name:** BROWARD REHAB CENTER, LLC

**Current Principal Place of Business:**

2304 W OAKLAND PARK BLVD  
FT. LAUDERDALE, FL 33311

**Current Mailing Address:**

2304 W OAKLAND PARK BLVD  
FT. LAUDERDALE, FL 33311 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MEMBER  
Name PATH MEDICAL CENTER, INC.  
Address 2304 W OAKLAND PARK BLVD  
City-State-Zip: FT. LAUDERDALE FL 33311

*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:** ROBERT LEWIN

DIRECTOR OF PATH  
MEDICAL CENTER, INC.

04/07/2016

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

\_\_\_\_\_  
Date