

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1500009342

Entity Name: DADE INJURY REHABILITATION, 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

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