2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0100007843

Entity Name: OCALA HEALTH AND REHABILITATION, L.L.C.

Current Principal Place of Business:

931 FAIRFAX PARKTUSCALOOSA, AL 35406TUSCAL TUSCALOOSA, AL 35406

Current Mailing Address:

931 FAIRFAX PARKTUSCALOOSA, AL 35406TUSCAL TUSCALOOSA, AL 35406 US

FEI Number: 63-1284539

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

Authorized Person(s) Detail :

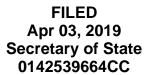
Title	MGRM
Name	NHS OF FLORIDA, LLC
Address	931 FAIRFAX PARKTUSCALOOSA, AL 35406TUSCAL
City-State-Zip:	TUSCALOOSA AL 35406

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.

MGRM

SIGNATURE: NHS OF FLORIDA, LLC

Electronic Signature of Signing Authorized Person(s) Detail



Certificate of Status Desired: No

Date

04/03/2019 Date