

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025311

Entity Name: TRINITY REHAB LLC

Current Principal Place of Business:

10224 YALE AVE
WEEKI WACHEE, FL 34613

Current Mailing Address:

10224 YALE AVE
BROOKSVILLE, FL 34613 US

FEI Number: 20-0946409

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOMASUNDARAM, SOZHAVARMAN
10224 YALE AVE
BROOKSVILLE, FL 34613 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	P	Title	MGR
Name	SOMASUNDARAM, SOZHAVARMAN	Name	NATARAJAN, KALPANA
Address	10224 YALE AVE	Address	10224 YALE AVE
City-State-Zip:	WEEKI WACHEE FL 34613	City-State-Zip:	WEEKI WACHEE FL 34613

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: SOZHAVARMAN SOMASUNDARAM

MANAGER

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date