

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000025311

**Entity Name:** TRINITY REHAB LLC

**Current Principal Place of Business:**

1279 MASADA LANE  
SPRING HILL, FL 34608

**Current Mailing Address:**

PO BOX- 6851  
SPRING HILL, FL 34611 US

**FEI Number:** 20-0946409

**Certificate of Status Desired:** No

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

SOMASUNDARAM, SOZHAVARMAN  
1279 MASADA LANE  
SPRING HILL, FL 34608 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  
Name            SOMASUNDARAM, SOZHAVARMAN  
Address        PO BOX-6851  
City-State-Zip: SPRING HILL FL 34611

*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

**PRESIDENT**

**04/27/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date