

2017 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

04/26/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date