

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000031134

**Entity Name:** ACCESSREHAB, L.L.C.

**Current Principal Place of Business:**

8859 SAN JOSE BLVD  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

P O BOX 56707  
JACKSONVILLE, FL 32241-6707 US

**FEI Number: 26-2411860**

**Certificate of Status Desired: Yes**

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

RAMSEY, RICHARD ESQ  
50 NORTH LAURA STREET STE 2700  
JACKSONVILLE, FL 32202 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 MGRM, PRESIDENT  
Name RAFAEL, VENER  
Address 8859 SAN JOSE BLVD  
City-State-Zip: JACKSONVILLE FL 32217

Title VP  
Name STA MARIA, FERNANDO  
Address 8859 SAN JOSE BLVD  
City-State-Zip: JACKSONVILLE FL 32217

Title MEMBER  
Name CAGAYAN, BRYAN  
Address 8859 SAN JOSE BLVD  
City-State-Zip: JACKSONVILLE FL 32217

Title MEMBER  
Name BUCKINGHAM, CHERYL  
Address 8859 SAN JOSE BLVD  
City-State-Zip: JACKSONVILLE FL 32217

Title MEMBER  
Name BESTOYONG, ARMINDA  
Address 8859 SAN JOSE BLVD  
City-State-Zip: JACKSONVILLE FL 32217

Title MEMBER  
Name YUTUC, CHARINA  
Address 8859 SAN JOSE BLVD  
City-State-Zip: JACKSONVILLE FL 32217

Title CFO  
Name CO, ERWIN  
Address 8859 SAN JOSE BLVD  
City-State-Zip: JACKSONVILLE FL 32217

*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: VENER RAFAEL**

**PRESIDENT**

**03/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date