2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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: No

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	Title	VP
Name	RAFAEL, VENER	Name	STA MARIA, FERNANDO
Address	8859 SAN JOSE BLVD	Address	8859 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE FL 32217	City-State-Zip:	JACKSONVILLE FL 32217
Title	MEMBER	Title	MEMBER
Name	CAGAYAN, BRYAN	Name	BUCKINGHAM, CHERYL
Address	8859 SAN JOSE BLVD	Address	8859 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE FL 32217	City-State-Zip:	JACKSONVILLE FL 32217
Title	MEMBER	Title	MEMBER
Name	BESTOYONG, ARMINDA	Name	YUTUC, GERRY
Address	8859 SAN JOSE BLVD	Address	8859 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE FL 32217	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   05/20/2015

Electronic Signature of Signing Authorized Person(s) Detail   Date