

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031134

Entity Name: ACCESSREHAB, L.L.C.

Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY, SUITE 1502
JACKSONVILLE, FL 32216

Current Mailing Address:

6817 SOUTHPOINT PARKWAY, SUITE 1502
JACKSONVILLE, FL 32216 US

FEI Number: 26-2411860

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YOUNG, ROBERT G.
6817 SOUTHPOINT PARKWAY, SUITE 1502
JACKSONVILLE, FL 32216 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: ROBERT G. YOUNG

06/10/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: MANAGER
Name: CONCIERGE HOME CARE OF JACKSONVILLE, LLC
Address: 6817 SOUTHPOINT PARKWAY, SUITE 1502
City-State-Zip: JACKSONVILLE FL 32216

Title: CFO
Name: YOUNG , ROBERT G.
Address: 6817 SOUTHPOINT PARKWAY, SUITE 1502
City-State-Zip: JACKSONVILLE FL 32216

Title: VP
Name: MURPHY , LINDA
Address: 6817 SOUTHPOINT PARKWAY, SUITE 1502
City-State-Zip: JACKSONVILLE FL 32216

Title: CEO
Name: RUCKER, DAVID CHRISTOPHER
Address: 6817 SOUTHPOINT PARKWAY, SUITE 1502
City-State-Zip: JACKSONVILLE FL 32216

Title: VP, SECRETARY
Name: FISHER, JEFFREY L.
Address: 6817 SOUTHPOINT PARKWAY, SUITE 1502
City-State-Zip: JACKSONVILLE FL 32216

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: JOY FLEDELIUS F/B/O ROBERT G. YOUNG

AUTHORIZED PERSON

06/10/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date