

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101697

Entity Name: DCW REHAB'S, LLC

Current Principal Place of Business:

2672 FREEMAN ROAD
ALFORD, FL 32420

Current Mailing Address:

P. O. BOX 342
ALFORD, FL 32420 US

FEI Number: 26-3625297

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HENKLE, MARGARET R
6 EAST 4TH STREET
PANAMA CITY, FL 32401 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
Name WILSON, CAROL A
Address 2672 FREEMAN ROAD
City-State-Zip: ALFORD FL 32420

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: CAROL A. WILSON

MGRM

02/10/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date