

**2016 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:** Yes

**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

Title MGRM  
Name WILSON, DONLEY W  
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:** DONLEY W. WILSON

MGRM

03/14/2016

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

\_\_\_\_\_ Date