

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000090133

Entity Name: REHABQUEST THERAPY SERVICES, LLC

Current Principal Place of Business:

12603 PORTMARNOCK DRIVE
ODESSA, FL 33556

Current Mailing Address:

12603 PORTMARNOCK DRIVE
ODESSA, FL 33556 US

FEI Number: 80-0638315

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELA CRUZ, ADONIS P
12603 PORTMARNOCK DRIVE
ODESSA, FL 33556 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 ADONIS P DELA CRUZ
Address 12603 PORTMARNOCK DRIVE
City-State-Zip: ODESSA FL 33556

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: ADONIS P DELA CRUZ

MGRM

04/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date