

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000105509

Entity Name: RIZO'S REHAB CENTER, LLC

Current Principal Place of Business:

3309 W WATERS AVE
SUITE A
TAMPA, FL 33614

Current Mailing Address:

PO BOX 152644
TAMPA, FL 33684

FEI Number: 27-3637323

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RIZO, YALILI
6417 N BLOSSOM AVE
TAMPA, FL 33614 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: YALILI RIZO

04/22/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name RIZO, YALILI
Address 6417 N BLOSSOM AVE
City-State-Zip: TAMPA FL 33614

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: YALILI RIZO

OWNER

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date