

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000019304

**Entity Name:** ARBORETA HEALTH AND REHABILITATION CENTERS, LLC

**Current Principal Place of Business:**

7349 MERCHANT COURT  
LAKEWOOD RANCH, FL 34240

**Current Mailing Address:**

7349 MERCHANT COURT  
LAKEWOOD RANCH, FL 34240 US

**FEI Number:** 38-3867219

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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           MANAGER  
Name           ARBORETA HEALTHCARE, INC  
Address        7349 MERCHANT COURT  
City-State-Zip: LAKEWOOD RANCH FL 34240

*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:** RICHARD MASON

CEO

03/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date