

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000130843

Entity Name: REHAB-CONCEPTS LLC**Current Principal Place of Business:**1041 NW 187TH AVE
PEMBROKE PINES, FL 33029**Current Mailing Address:**1041 NW 187TH AVE
PEMBROKE PINES, FL 33029 US**FEI Number:** 46-3889631**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRIAS, ELMER A
1041 NW 187TH AVE
PEMBROKE PINES, FL 33029 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	PRESIDENT
Name	FRIAS, ELMER A
Address	1041 NW 187TH AVE
City-State-Zip:	PEMBROKE PINES FL 33029

Title	MANAGER
Name	MICHALOPOULOS, VASILIOS
Address	1925 NE 27TH ST
City-State-Zip:	WILTON MANORS FL 33306

Title	VP
Name	FRIAS, ANDREA
Address	1041 NW 187TH AVE
City-State-Zip:	PEMBROKE PINES FL 33029

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: ELMER FRIAS

PRESIDENT

09/17/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date