

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000174408

Entity Name: COGNITRACT REHABILITATION LLC

Current Principal Place of Business:

922 EAST 26 STREET
HIALEAH, FL 33013

Current Mailing Address:

922 EAST 26 STREET
HIALEAH, FL 33013 US

FEI Number: 46-4330154

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABREU, ODALIS
922 EAST 26 STREET
HIALEAH, FL 33013 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 MGR
Name ABREU, ODALIS
Address 922 EAST 26 STREET
City-State-Zip: HIALEAH FL 33013

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: ODALIS ABREU

MANAGER

04/07/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date