

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000133208

Entity Name: FINEST HOME HEALTH & REHAB CARE, LLC

Current Principal Place of Business:

8359 BEACON BLVD
309
FORT MYERS, FL 33907

Current Mailing Address:

8359 BEACON BLVD
309
FORT MYERS, FL 33907 US

FEI Number: 47-1695775

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GARCIA, MARIA C
3637 PINE OAK CIRCLE
103
FORT MYERS, FL 33916 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: MARIA C GARCIA

04/05/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name COSME GARCIA, DARWIN
Address 3637 PINE OAK CIRCLE
103
City-State-Zip: FORT MYERS FL 33916

Title MGRM
Name COYOCA, KIRK
Address 2300 E. 18TH ST
APT 527
City-State-Zip: CASPER WY 82609

Title MGRM
Name DELFIN, LORENZO R
Address 9447 RIVER OTTER DRIVE
City-State-Zip: FORT MYERS FL 33912

Title MGRM
Name GARCIA, MARIA CRISTINA
Address 3637 PINE OAK CIRCLE, #103
City-State-Zip: FORT MYERS FL 33916

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: MARIA CRISTINA GARCIA

MGRM

04/05/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date