

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000037847

Entity Name: A+ REHAB MEDICAL CENTER LLC

Current Principal Place of Business:

1793 W HILLSBOROUGH AVE
TAMPA, FL 33603

Current Mailing Address:

1793 W HILLSBOROUGH AVE
TAMPA, FL 33603 US

FEI Number: 47-3318573

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REPPY, ROBERT R
1793 W HILLSBOROUGH AVE
TAMPA, FL 33603 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 MANAGING MEMBER
Name REPPY, ROBERT R
Address 1793 W HILLSBOROUGH AVE
City-State-Zip: TAMPA FL 33603

Title MANAGER
Name GARCIA, EDUARDO
Address 1793 W HILLSBOROUGH AVE
City-State-Zip: TAMPA FL 33603

Title MANAGER
Name LEYVA, NANCY
Address 1793 W HILLSBOROUGH AVE
City-State-Zip: TAMPA FL 33603

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: NANCY C LEYVA

VP

04/17/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date