

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000037847

Entity Name: A+ REHAB MEDICAL CENTER LLC

Current Principal Place of Business:

6800 N DALE MABRY HWY SUITE 158
TAMPA, FL 33614

Current Mailing Address:

6800 N DALE MABRY HWY SUITE 158
TAMPA, FL 33614 US

FEI Number: 47-3318573

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REPPY, ROBERT R
6800 N DALE MABRY HWY SUITE 158
TAMPA, FL 33614 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 6800 N DALE MABRY HWY SUITE 158
City-State-Zip: TAMPA FL 33614

Title MANAGER
Name LEYVA, NANCY
Address 6800 N. DALE MABRY HWY
 SUITE #158
City-State-Zip: TAMPA FL 33614

Title MGR
Name ACOSTA, ALFREDO
Address 10107 N BROOKS ST
City-State-Zip: TAMPA FL 33612

Title MGR
Name LEYVA, FRANK JR
Address 8412 MAY ST
City-State-Zip: TAMPA FL 33614

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

MANAGER

02/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date