# 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L15000111765

# Entity Name: REHABILITATION CENTER AT HOLLYWOOD HILLS, LLC

# **Current Principal Place of Business:**

1200 N 35TH AVENUE HOLLYWOOD, FL 33021

## **Current Mailing Address:**

1200 N 35TH AVENUE HOLLYWOOD, FL 33021 US

# FEI Number: 47-4467302

# Name and Address of Current Registered Agent:

LESLIE ROBERT EVANS AND ASSOC., P.A. 214 BRAZILIAN AVENUE SUITE 200 PALM BEACH, FL 33480 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

# Authorized Person(s) Detail :

Title	MGR
Name	MICHEL, JACK DR.
Address	5996 SW 70TH STREET, 5TH FLOOR
City-State-Zip:	SOUTH MIAMI FL 33143

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: JACK MICHEL	MGR	02/11/2019
Electronic Signature of Signing Authorized Person(s) Detail		Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 11, 2019 Secretary of State 4060672867CC

Certificate of Status Desired: No

Date