

**2018 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:** APPLIED FOR

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**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

04/27/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date