FEI Number: 3	32-0477141	Certificate of St
Name and Ad	dress of Current Registered Agent:	
INTERSTATE AG 1540 GLENWAY I TALLAHASSEE, F		
The above named e	ntity submits this statement for the purpose of changing its registered office or regis	stered agent, or both, in t
SIGNATURE:	ALEX ENGLARD	
	Electronic Signature of Registered Agent	

# Authorized Person(s) Detail :

Title	MGRM
Name	JUPITER FL VENTURES LLC
Address	180 SYLVAN AVE. 2ND FL.
City State Zin:	

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: ABE GERSHBAUM

Electronic Signature of Signing Authorized Person(s) Detail

Status Desired: Yes

the State of Florida.

2018 FLORIDA	LIMITED LIABILITY	COMPANY	ANNUAL REPORT

#### DOCUMENT# L15000152747

### Entity Name: THE REHABILITATION CENTER AT JUPITER GARDENS LLC

## **Current Principal Place of Business:**

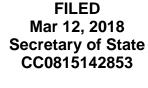
17781 THELMA AVE. JUPITER, FL 33458

#### **Current Mailing Address:**

17781 THELMA AVE. JUPITER, FL 33458 US

#### -----

City-State-Zip: ENGLEWOOD CLIFFS NJ 07632



03/12/2018 Date

CONTROLLER CRC

03/12/2018

Date