

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000072701

Entity Name: AXIOM REHABILITATION LLC

Current Principal Place of Business:

498 PALM SPRINGS DR.
SUITE 345
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

498 PALM SPRINGS DR.
SUITE 345
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 81-2412225

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOURA, DUSTIN
498 PALM SPRINGS DR.
SUITE 345
ALTAMONTE SPRINGS, FL 32701 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 PARTNER	Title	PARTNER
Name	MOURA, DUSTIN	Name	MOURA, DEBORAH
Address	498 PALM SPRINGS DR. SUITE 345	Address	498 PALM SPRINGS DR. SUITE 345
City-State-Zip:	ALTAMONTE SPRINGS FL 32701	City-State-Zip:	ALTAMONTE SPRINGS FL 32701

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: DUSTIN MOURA

MANAGING PARTNER

05/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date