

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000072701

**Entity Name:** AXIOM REHABILITATION LLC

**Current Principal Place of Business:**

1180 SPRING CENTRE SOUTH BLVD  
SUITE 225  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

1180 SPRING CENTRE SOUTH BLVD  
SUITE 225  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 81-2412225

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOURA, DUSTIN  
1180 SPRING CENTRE SOUTH BLVD  
SUITE 225  
ALTAMONTE SPRINGS, FL 32714 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	1180 SPRING CENTRE SOUTH BLVD SUITE 225	Address	1180 SPRING CENTRE SOUTH BLVD SUITE 225
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714

*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

**CEO**

**02/02/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date