

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000077139

Entity Name: VERTICAL REHABILITATION SERVICES LLC

Current Principal Place of Business:

405 TIERRA VERDE LN
WINTER GARDEN, FL 34787

Current Mailing Address:

P.O. BOX 770353
WINTER GARDEN, FL 34787 US

FEI Number: 82-1113973

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOERGER, CHARISSA A
405 TIERRA VERDE LN
WINTER GARDEN, FL 34787 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 DOERGER, CHARISSA A
Address 405 TIERRA VERDE LN
City-State-Zip: WINTER GARDEN FL 34787

Title AMBR
Name BECKWITH, JANA L
Address 405 TIERRA VERDE LN
City-State-Zip: WINTER GARDEN FL 34787

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: CHARISSA DOERGER

REGISTERED AGENT

05/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date