

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000170583

Entity Name: AJ REHAB SOLUTIONS LLC

Current Principal Place of Business:

4726 NW 22ND STREET
COCONUT CREEK, FL 33063

Current Mailing Address:

4726 NW 22ND STREET
COCONUT CREEK, FL 33063 US

FEI Number: 82-2433300

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, ADRIANA C
4726 NW 22ND STREET
COCONUT CREEK, FL 33063 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 LOPEZ, ADRIANA C
Address 4726 NW 22ND STREET
City-State-Zip: COCONUT CREEK FL 33063

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: ADRIANA LOPEZ

MANAGING MEMBER

04/30/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date