2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2018
Secretary of State
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Entity Name: REHAB SOUTH FLORIDA, LLC

Current Principal Place of Business:

4460 MEDICAL CENTER WAY
WEST PALM BEACH, FL 33407

Current Mailing Address:

4460 MEDICAL CENTER WAY
WEST PALM BEACH, FL 33407 US

FEI Number: 82-3653495

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JABER, TALIB
4460 MEDICAL CENTER WAY
WEST PALM BEACH, FL 33407 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	MGRM	Title	MGRM
Name	JABER, TALIB	Name	TARUGU, VIKRAM
Address	152 PORGEE ROCK PL	Address	10581 VERSAILLES BLVD
City-State-Zip:	JUPITER FL 33458	City-State-Zip:	WELLINGTON FL 33412
Title	MGRM	Title	MGRM
Name	SYED, MUHAMMAD	Name	MARTINEZ, HERIBERTO
Address	8432 IRONHORSE CT	Address	41 TAMIAMI CANAL RD
City-State-Zip:	WEST PALM BEACH FL 33412	City-State-Zip:	MIAMI FL 33144

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: TALIB JABER MANAGER 02/06/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date