DOCUMENT# L17000252173	
DOGUMENT# L17000232173	

Entity Name: REHAB SOUTH FLORIDA, LLC

#### **Current Principal Place of Business:**

323 W LANTANA RD LANTANA, FL 33462

## **Current Mailing Address:**

323 W LANTANA RD LANTANA, FL 33462 US

## FEI Number: 82-3653495

# Name and Address of Current Registered Agent:

NICOLE J. HUESMANN, P.A. 150 ALHAMBRA CIRCLE SUITE 1150 CORAL GABLES, FL 33134 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:	NICOLE J. HUESMANN			03/01/2021
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	JABER, TALIB	Name	SANZ, CARMEN	
	327 W. LANTANA ROAD SUITE: WELLCARE	Address	327 W. LANTANA ROAD SUITE: WELLCARE	
City-State-Zip:	LANTANA FL 33462	City-State-Zip:	LANTANA FL 33462	

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: JABER, TALIB

MGR

03/01/2021

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### FILED Mar 01, 2021 Secretary of State 4964921455CC

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail

Date