

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000252173

Entity Name: REHAB SOUTH FLORIDA, LLC

Current Principal Place of Business:

4460 MEDICAL CENTER WAY
SUITE: 1
WEST PALM BEACH, FL 33407

Current Mailing Address:

4460 MEDICAL CENTER WAY
SUITE: 1
WEST PALM BEACH, FL 33407 US

FEI Number: 82-3653495

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NICOLE J. HUESMANN, P.A.
150 ALHAMBRA CIRCLE
SUITE 150
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

02/20/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	JABER, TALIB	Name	SANZ , CARMEN
Address	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: TALIB JABER

MGR

02/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date