

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000111903

**Entity Name:** CRYSTAL HEALTH AND REHAB CENTER, LLC

**Current Principal Place of Business:**

945 N CENTRAL AVE  
WOODMERE, NY 11598

**Current Mailing Address:**

945 N CENTRAL AVE  
WOODMERE, NY 11598 US

**FEI Number: 83-0780912**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PLATINUM AGENT SERVICES LLC  
155 OFFICE PLAZA DR  
SUITE D  
TALLAHASSEE, FL 32301 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           SOLE MBR  
Name           BEDROCK MHC PARTNERS L.P.  
Address        650 FIFTH AVE, 16TH FLOOR  
City-State-Zip: NEW YORK NY 10019

*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: RHONDA STROUD** \_\_\_\_\_

**SOLE MBR**

**04/07/2021**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date