

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000069334

Entity Name: SENTINEL HEALTH CARE AND REHAB CENTER LLC

Current Principal Place of Business:

7130 S. ORANGE BLOSSOM TRAIL STE 100
ORLANDO, FL 32809

Current Mailing Address:

7130 S. ORANGE BLOSSOM TRAIL STE 100
ORLANDO, FL 32809

FEI Number: 84-5019354

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COPELAND, DIANE
7130 S. ORANGE BLOSSOM TRAIL STE 100
ORLANDO, FL 32809 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: DIANE COPELAND

01/23/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR	Title	MANAGER
Name	COPELAND, DIANE	Name	FAUSTIN, MILDRIE
Address	7130 S. ORANGE BLOSSOM TRAIL STE 100	Address	2725 MIGLIARA LANE
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	OCOEE FL 34761

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: DIANE COPELAND -

OWNER

01/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date