

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000210451

Entity Name: NGO REHABILITATION, LLC

Current Principal Place of Business:

10994 HICKORY TRACE LN
JACKSONVILLE, FL 32256

Current Mailing Address:

4150 BELFORT RD
PO BOX
JACKSONVILLE, FL 32216 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NGO, KENNETH T MD
10994 HICKORY TRACE LN
JACKSONVILLE, FL 32256 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	MGR	Title	AR
Name	NGO, KENNETH T MD	Name	VO, TUAN ANH T
Address	10994 HICKORY TRACE LN	Address	10994 HICKORY TRACE LN
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256

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: NGO, KENNETH T, MD

MANAGER

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date