

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000210451

**Entity Name:** NGO REHABILITATION, LLC

**Current Principal Place of Business:**

9838 OLD BAYMEADOWS RD  
#137  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

9838 OLD BAYMEADOWS RD  
#137  
JACKSONVILLE, FL 32256 US

**FEI Number:** 87-4605908

**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:** KENNETH T NGO

01/08/2023

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:** KENNETH T NGO

01/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date