

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000367965

Entity Name: NAPLES REHAB CENTER, LLC

Current Principal Place of Business:

4655 W CHASE AVENUE
LINCOLNWOOD , IL 60712

Current Mailing Address:

4655 W CHASE AVENUE
LINCOLNWOOD , IL 60712 US

FEI Number: 85-4187602

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VCORP SERVICES, LLC
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name POINTE GROUP CARE, LLC
Address 320 NORWOOD PARK S
City-State-Zip: NORWOOD MA 02062

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: POINTE GROUP CARE, LLC

MGR

04/13/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date