

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000367965

**Entity Name:** NAPLES REHAB CENTER, LLC

**Current Principal Place of Business:**

10 CABOT PLACE  
STOUGHTON, MA 02072

**Current Mailing Address:**

10 CABOT PLACE  
STOUGHTON, MA 02072 US

**FEI Number: 85-4187602**

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
7901 4TH ST. NORTH, STE. 300  
ST. PETERSBURG, FL 33702 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 10 CABOT PLACE  
City-State-Zip: STOUGHTON MA 02072

*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

03/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date