

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000053266

Entity Name: POST ACUTE CARE NETWORK LLC

Current Principal Place of Business:

620 NE 125TH STREET
MIAMI, FL 33161

Current Mailing Address:

620 NE 125TH STREET
MIAMI, FL 33161 US

FEI Number: 84-3104348

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

OBERLANDER, ZALMEN
620 NE 125TH STREET
MIAMI, FL 33161 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	AMBR	Title	AMBR
Name	OBERLANDER, ZALMEN	Name	SALZMAN, DAVID
Address	620 NE 125TH STREET	Address	711 READS LANE
City-State-Zip:	MIAMI FL 33161	City-State-Zip:	FAR ROCKAWAY NY 11691

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: ZALMEN LEO OBERLANDER

PRESIDENT

03/31/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date