

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000192372

**Entity Name:** FOX REHAB OT FL LLC

**Current Principal Place of Business:**

7 CARNEGIE PLAZA  
CHERRY HILL, NJ 08003

**Current Mailing Address:**

7 CARNEGIE PLAZA  
CHERRY HILL, NJ 08003 US

**FEI Number: 86-3695968**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	MBR	Title	AUTHORIZED REPRESENTATIVE
Name	SCHIMER, CRYSTAL	Name	AUTHORIZED REPRESENTATIVE
Address	3 THICKET STREET	Address	7 CARNEGIE PLAZA
City-State-Zip:	OCEANVIEW NJ 08230	City-State-Zip:	CHERRY HILL NJ 08003

*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: LISA MENZIES**

**CONTROLLER**

**01/25/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date