

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000257169

Entity Name: HC NURSING AND REHAB CENTER, LLC

Current Principal Place of Business:

529 PEAR ORCHARD
SUITE C
RIDGELAND, MS 39157

Current Mailing Address:

PO BOX 3376
RIDGELAND, MS 39158 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH STREET NORTH
SUITE 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 ROTOLO, ROBERT S
Address PO BOX 3376
City-State-Zip: RIDGELAND MS 39158

Title AUTHORIZED MEMBER
Name ROTOLO, DAVID W
Address PO BOX 3376
City-State-Zip: RIDGELAND MS 39158

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: ROBERT S ROTOLO

MEMBER

01/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date