

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000409056

**Entity Name:** AB REHAB THERAPY SERVICES LLC

**Current Principal Place of Business:**

50 E 42ND ST  
HIALEAH, FL 33013

**Current Mailing Address:**

50 E 42ND ST  
HIALEAH, FL 33013

**FEI Number: 88-1503915**

**Certificate of Status Desired:** No

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

BARRETO, AISLYNN Z  
50 E 42ND ST  
HIALEAH, FL 33013 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 BARRETO, AISLYNN Z MGR  
Address 50 E 42ND ST  
City-State-Zip: HIALEAH FL 33013

*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:** AISLYNN BARRETO

MGR

04/29/2024

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

\_\_\_\_\_ Date