**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED**
**Nov 14, 2022**
**Secretary of State**
**6774573814CC**

DOCUMENT# L21000467505

**Entity Name:** TAMPA BAY HEALTH CARE & REHABILITATION CENTER, LLC

**Current Principal Place of Business:**

7819 N DALE MABRY HWY,
210
TAMPA, FL 33614

**Current Mailing Address:**

7819 N DALE MABRY HWY,
210
TAMPA, FL 33614 US

**FEI Number: 87-3344570**

**Certificate of Status Desired:** No

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

GONZALEZ, YAMEL
8021 SHAW DR
TAMPA, FL 33615 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: YAMEL GONZALEZ 11/14/2022

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGR |
| Name | GONZALEZ, YAMEL |
| Address | 8021 SHAW DR |
| City-State-Zip: | TAMPA FL 33615 |

| | |
|---|---|
| Title | VP |
| Name | RODRIGUEZ, JOEL |
| Address | 7819 N DALE MABRY HWY, 210 |
| City-State-Zip: | TAMPA FL 33614 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | ARAP, SILVIA |
| Address | 7819 N DALE MABRY HWY, 210 |
| City-State-Zip: | TAMPA FL 33614 |

*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: YAMEL GONZALEZ MANAGER 11/14/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date