

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000516506

**Entity Name:** SUNNY MEDICAL AND REHABILITATION CENTER, LLC

**Current Principal Place of Business:**

4845 N DIXIE HWY  
DEERFIELD BEACH, FL 33064

**Current Mailing Address:**

5773 NW 48TH DRIVE  
CORAL SPRINGS, FL 33067

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

JEAN LOUIS, JOHN KENSON  
5773 NW 48TH DRIVE  
CORAL SPRINGS, FL 33067 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            CEO  
Name            JEAN LOUIS, JOHN KENSON   APRN  
Address        5773 NW 48TH DRIVE  
City-State-Zip: CORAL SPRINGS FL 33067

Title            MGR  
Name            THEUS, KESNEL   D.O.M  
Address        1195 N. MILITARY TRAIL  
City-State-Zip: WEST PALM BEACH FL 33409

*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:** JOHN KENSON JEAN LOUIS

MR

02/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date