

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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:

4845 N DIXIE HWY
DEERFIELD BEACH, FL 33064 US

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

Title AUTHORIZED MEMBER
Name ESTRIPLET, LESLY
Address 4845 N DIXIE HEY
City-State-Zip: DEERFIELD FL 33064

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

CEO

03/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date