

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000005660

Entity Name: LEGERITY REHAB, LLC

Current Principal Place of Business:

2033 MAIN STREET, STE-300
SARASOTA, FL 34237

Current Mailing Address:

2033 MAIN STREET, STE-300
SARASOTA, FL 34237 US

FEI Number: 46-3411590

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CROSS STREET CORPORATE SERVICES LLC
200 S. ORANGE STREET
SARASOTA, FL 34236 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 PALM HEALTHCARE MANAGEMENT
LLC
Address 2033 MAIN STREET, STE-300
City-State-Zip: SARASOTA FL 34237

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: PAT MCCARVER

OWNER/PRESIDENT

03/03/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date