

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000004526

**Entity Name:** ADVANCED REHABILITATION CARE LLC

**Current Principal Place of Business:**

823 SARA COURT  
ELK GROVE VILLAGE, IL 60007

**Current Mailing Address:**

823 SARA COURT  
ELK GROVE VILLAGE, IL 60007 US

**FEI Number:** 90-0606108

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH STREET NORTH  
SUITE 300  
ST.PETERSBURG, FL 33702 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           MANAGER  
Name           SHAH, ROSHAN M.D.  
Address       823 SARA COURT  
City-State-Zip: ELK GROVE VILLAGE IL 60007

*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:** ROSHAN SHAH

**MANAGER**

**04/14/2021**

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

\_\_\_\_\_  
Date