# 2019 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

## Name and Address of Current Registered Agent:

REGISTERED AGENTS INC. 7901 4TH ST N STE 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

## 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, M.D.

MANAGER

03/06/2019 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 06, 2019 Secretary of State 3756815209CC

Certificate of Status Desired: No

Date