

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000005232

Entity Name: POWERBACK REHABILITATION, LLC**Current Principal Place of Business:**101 E. STATE ST.
KENNETT SQUARE, PA 19348**Current Mailing Address:**101 E. STATE ST.
KENNETT SQUARE, PA 19348 US**FEI Number:** 23-2446104**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MANAGING MEMBER
Name	GENESIS HOLDINGS LLC
Address	101 E. STATE ST.
City-State-Zip:	KENNETT SQUARE PA 19348

Title	SVP
Name	SHROM, CARL
Address	101 E. STATE ST.
City-State-Zip:	KENNETT SQUARE PA 19348

Title	VP
Name	BOGDAN, GREGORY
Address	101 E. STATE ST.
City-State-Zip:	KENNETT SQUARE PA 19348

Title	TREASURER
Name	YOUNG, STEVEN
Address	101 E. STATE ST.
City-State-Zip:	KENNETT SQUARE PA 19348

Title	ASST. SECRETARY
Name	BERG, MICHAEL
Address	101 E. STATE ST.
City-State-Zip:	KENNETT SQUARE PA 19348

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: MICHAEL T BERG

ASST. SECRETARY

04/05/2024

Electronic Signature of Signing Authorized Person(s) Detail_____
Date