

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000004397

**Entity Name:** THE PONCE THERAPY CARE CENTER AND REHAB LLC

**Current Principal Place of Business:**

1999 OLD MOULTRIE ROAD  
ST AUGUSTINE, FL 32086-5164

**Current Mailing Address:**

400 RELLA BLVD  
SUITE 200  
MONTEBELLO, NY 10901 US

**FEI Number:** 88-1398602

**Certificate of Status Desired:** No

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

INTERSTATE AGENT SERIVCES, LLC  
100 SE 2ND STREET STE 2000 #209  
MIAMI, FL 33131 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 THE PONCE SNF HOLDCO LLC  
Address 400 RELLA BLVD  
City-State-Zip: MONTEBELLO NY 10901

*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:** THE PONCE SNF HOLDCO LLC

MGR

03/22/2023

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

\_\_\_\_\_ Date