

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000010508

Entity Name: JACKSONVILLE REHABILITATION AND NURSING CENTER LLC

Current Principal Place of Business:

2061 HYDE PARK RD
JACKSONVILLE, FL 32210

Current Mailing Address:

2061 HYDE PARK RD
JACKSONVILLE, FL 32210 US

FEI Number: 88-3183961

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRECHER, HAL
115 NORTH CALHOUN ST., SUITE 4
TALLAHASSEE, FL 32301 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: HAL BRECHER

02/05/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AP
Name BRECHER, HAL
Address 6085 STRICKLAND AVENUE
City-State-Zip: BROOKLYN NY 11234

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: HAL BRECHER

MEMBER

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date