#### **2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000010508

Entity Name: JACKSONVILLE REHABILITATION AND NURSING CENTER LLC

FILED Feb 05, 2024 Secretary of State 7475794037CC

# **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 AF

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