

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M23000015365

Entity Name: SEBRING NURSING & REHABILITATION CENTER LLC

Current Principal Place of Business:

10503 TIMBERWOOD CIR., STE. 200
LOUISVILLE, KY 40223

Current Mailing Address:

10503 TIMBERWOOD CIR., STE. 200
LOUISVILLE, KY 40223 US

FEI Number: 93-4695247

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 MBR
Name SCHWARTZ, ELIEZER
Address 10503 TIMBERWOOD CIR., STE. 200
City-State-Zip: LOUISVILLE KY 40223

Title MBR
Name TRESS, MARK
Address 150 AIRPORT RD., STE. 900
City-State-Zip: LAKEWOOD NJ 08701

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: ELIEZER SCHWARTZ

MEMBER

03/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date