

# L18000276101

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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HC REHAB HOLDINGS, LLC**

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M. SOLOMON

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Quality Acquisition Partners, LLC	1000 GATES AVE	<input type="checkbox"/> Add
		BROOKLYN, NY 11221	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Quality Rehab Partners LLC	1000 GATES AVE	<input checked="" type="checkbox"/> Add
		BROOKLYN, NY 11221	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
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(b) The 90th day after the record is filed.

Dated August 28th, 2019

Overall

Signature of a member or authorized representative of a member

**Raeesa Ibrahim**

Typed or printed name of signer