

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061493

Entity Name: HEALTH CONNECTIONS REHAB SERVICES, LLC

Current Principal Place of Business:

2123 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308

Current Mailing Address:

2123 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308 US

FEI Number: 20-1548818

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AUSLEY & MCMULLEN, P.A.
C/O ROBERT A PIERCE
123 S CALHOUN STREET
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: ROBERT A PIERCE

03/03/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name MITCHELL, JOSEPH D
Address 2123 CENTRE POINTE BLVD
City-State-Zip: TALLAHASSEE FL 32308

Title MANAGER
Name DAVIS, ALAN G
Address 2123 CENTRE POINTE BLVD
City-State-Zip: TALLAHASSEE FL 32308

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: JOSEPH D. MITCHELL

MANAGER

03/03/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date