

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000054157

**Entity Name:** ADVANCE REHAB & HOME HEALTH LLC

**Current Principal Place of Business:**

2316 W. 23RD STREET  
B  
PANAMA CITY, FL 32405

**Current Mailing Address:**

2316 W. 23RD STREET  
B  
PANAMA CITY, FL 32405 US

**FEI Number:** 20-2945722

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HUSSEIN, MOHAMED  
2316 W. 23RD STREET  
B  
PANAMA CITY, FL 32405 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 MGRM  
Name HUSSEIN, MOHAMED  
Address 2316 W. 23RD STREET  
B  
City-State-Zip: PANAMA CITY FL 32405

*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:** MOHAMED HUSSEIN

**OWNER**

**02/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date