

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103503

Entity Name: FOUR CORNERS REHAB & WELLNESS, PL

Current Principal Place of Business:

1607 E SILVER STAR ROAD
OCOE, FL 34761

Current Mailing Address:

1607 E SILVER STAR ROAD
OCOE, FL 34761 US

FEI Number: 20-5768170

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRISON, STEVEN R
1607 E. SILVER STAR RD
OCOE, FL 34761 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: STEVEN HARRISON

03/30/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name HARRISON, STEVEN R
Address 405 S. CUMBERLAND AVE.
City-State-Zip: OCOE FL 34761

Title MGRM
Name COLOMBO, CARLOS H
Address 1291 BLESSING STREET
City-State-Zip: MAITLAND FL 32751

Title MGRM
Name BROCKMAN, PETER
Address 504 E HENSCHEN AVENUE
City-State-Zip: OAKLAND FL 34787

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: STEVEN HARRISON

MANAGING MEMBER

03/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date