

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119936

Entity Name: AQA REHAB, LLC

Current Principal Place of Business:

535 35TH STREET SOUTH
ST. PETERSBURG, FL 33711

Current Mailing Address:

PO BOX 10676
ST. PETERSBURG, FL 33733

FEI Number: 45-0528910

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AZIZ, ABDUL Q
535 1/2 35TH STREET SOUTH
ST. PETERSBURG, FL 33711 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 AZIZ, ABDUL Q
Address 535 1/2 35TH STREET SOUTH
City-State-Zip: ST. PETERSBURG FL 33711

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: ABDUL AZIZ

MGRM

03/02/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date