

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089128

Entity Name: GROVES REHABILITATION CENTER, LLC

Current Principal Place of Business:

512 SOUTH 11TH STREET
LAKE WALES, FL 33853

Current Mailing Address:

C/O SPECTOR GADON & ROSEN LLP
360 CENTRAL AVENUE SUITE 1550
ST. PETERSBURG, FL 33701 US

FEI Number: 26-3411666

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
SUITE 1550
PLANTATION, FL 33324 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 ADMINISTRATIVE MANAGER
Name JAFFE, HOWARD
Address TWO BALA PLAZA, SUITE 300
City-State-Zip: BALA CYNWYD PA 19004

Title MGR
Name ADMINISTRATOR
Address 360 CENTRAL AVENUE, SUITE 1550
City-State-Zip: ST. PETERSBURG FL 33701

Title MGR
Name DIRECTOR OF NURSING
Address 360 CENTRAL AVENUE, SUITE 1550
City-State-Zip: ST. PETERSBURG FL 33701

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: HOWARD JAFFEE

MANAGER

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date