

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000010125

**Entity Name:** POSADA'S REHABILITATION SERVICES, LLC

**Current Principal Place of Business:**

11120 S CROWN WAY  
SUITE 8  
WELLINGTON, FL 33414

**FILED**  
**Apr 19, 2014**  
**Secretary of State**  
**CC5579432111**

**Current Mailing Address:**

5326 RIVERMILL LANE  
LAKE WORTH, FL 33463 US

**FEI Number: 26-4311956**

**Certificate of Status Desired: No**

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

POSADA, ARON  
5326 RIVERMILL LANE  
LAKE WORTH, FL 33463 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            POSADA, ARON  
Address        5326 RIVERMILL LANE  
City-State-Zip: LAKE WORTH FL 33463

*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: ARON POSADA**

**MGRM**

**04/19/2014**

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

\_\_\_\_\_  
Date