

2013 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

Current Mailing Address:

PO BOX 2484
BELLE GLADE, FL 33430

FEI Number: 26-4311956

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POSADA, ARON
633 NW AVE G
BELLE GLADE, FL 33430 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 633 NW AVE G
City-State-Zip: BELLE GLADE FL 33430

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARON POSADA

OWNER

04/14/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date