

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000088723

Entity Name: 7520 REHABILITATION CENTER, LLC

Current Principal Place of Business:

7520 W. WATERS AVE.
14
TAMPA, FL 33615

Current Mailing Address:

P. O. BOX 261826
TAMPA, FL 33685 US

FEI Number: 27-0920319

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ CHAVEZ, ALBERTO
7520 W. WATERS AVE.
14
TAMPA, FL 33615 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 MGR
Name MARTINEZ CHAVEZ, ALBERTO
Address 7520 W. WATERS AVE., SUITE 14
City-State-Zip: TAMPA FL 33615

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: MARTINEZ CHAVEZ ALBERTO

MANAGER

01/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date