

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000088723

**Entity Name:** 7520 REHABILITATION CENTER, LLC

**Current Principal Place of Business:**

10049 W HILLSBOROUGH AVE  
TAMPA, FL 33615

**Current Mailing Address:**

10049 W HILLSBOROUGH AVE  
TAMPA, FL 33615 US

**FEI Number:** 27-0920319

**Certificate of Status Desired:** No

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

RUBIO, ARELYS  
10049 W HILLSBOROUGH AVE  
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:** ARELYS RUBIO

02/09/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AUTHORIZED MEMBER  
Name            RUBIO, ARELYS  
Address        10049 W HILLSBOROUGH AVE  
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:** ARELYS RUBIO

AUTHORIZED MEMBER

02/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date